

THE NEW YORK INSTITUTE FOR SPECIAL EDUCATION

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize my employer to deposit my net pay directly into my checking or savings account (select one) and to initiate (if necessary) debit entries and adjustments for any credit entries to my account.

To ensure that my account is properly credited, I have attached a voided check from my checking account, or a deposit slip from my savings account where my net pay will be deposited, and completed the form below.

I agree that this authorization will remain in effect until I provide written notification to my employer, terminating this service.

Name: _____
 Print Name

Social Security # _____

Signature: _____

Date: _____

Name as it appears on your account

Name of your bank

Account Number

Address of your bank

Attach VOIDED check or deposit slip from you bank in the space below.