

Direct Deposit Authorization Form

I hereby authorize the East Providence School Department to initiate credit entries and if necessary, debit entries and adjustments for any credit entries made in error to my account. This authorization is to remain in full force and effect until the East Providence School Department has received written notification from me.

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Please attach a voided blank check or, for savings accounts, attach a copy of a deposit slip from the bank in order to validate the account information.

**Account information #1**

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please check the appropriate box and fill in the amount(s) to be deposited

Checking Account \_\_\_\_\_ \$\$ Amount

Savings Account \_\_\_\_\_ \$\$ Amount

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**Account information #2**

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please check the appropriate box and fill in the amount(s) to be deposited

Checking account \_\_\_\_\_ \$\$ Amount

Savings account \_\_\_\_\_ \$\$ Amount

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I wish to **Cancel** my Payroll Direct Deposit into my:

Checking Account #: \_\_\_\_\_

Savings Account #: \_\_\_\_\_

Effective date of cancellation: \_\_\_\_\_

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Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_