

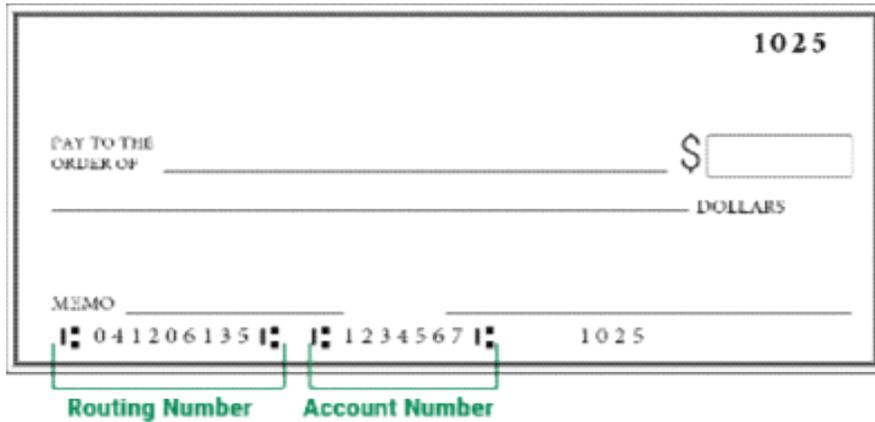
Longwood Central School District Authorization Agreement for Direct Deposit

I hereby authorize my employer Longwood Central School District (hereinafter "LCSD") to deposit any amounts owed to me by initiating credit entries to my account(s) at the financial institution(s) (hereinafter "Bank") indicated on this form. In the event that LCSD deposits funds erroneously into my account, I authorize LCSD to debit my account in an amount not to exceed the original erroneous credit.

This authorization shall remain in full force and effect until LCSD receives written notice from me of its termination, in such time to allow for LCSD and Bank a reasonable opportunity to act.

Employee Name: _____ Emp #: _____ Date: _____

Employee Signature: _____ SSN: _____



Attach a voided check for each account listed - in the event that you do not have a check or you are depositing into a savings account, please obtain an authorization form from your financial institution.

Account Information:

***You may choose up to two accounts (your last account must be for the remaining amount owed)**

Bank Name: _____ Bank City / State: _____

Routing #: _____ Account #: _____

Checking Savings Amount to Deposit: _____ or Entire Net Amount

Bank Name: _____ Bank City / State: _____

Routing #: _____ Account #: _____

Checking Savings Amount to Deposit: _____ or Remaining Net