



**GROTON-DUNSTABLE REGIONAL SCHOOL DISTRICT**  
**Authorization Agreement for Direct Deposit**

*(Please return to Payroll Department)*

I (We) authorize the Groton-Dunstable Regional School District to initiate credit entries and to initiate, if necessary, debit entry adjustments for any credit entries made in error to my (our) account.

Account Type: \_\_\_\_ Checking Account: \_\_\_\_ Savings Account: \_\_\_\_ Other (select one)

Direct Deposit:

Name(s) on Account: \_\_\_\_\_

(Home Address)

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

ABA #: \_\_\_\_\_ (first group of numbers on bottom left of check)

This authority is to remain in effect until Groton-Dunstable Regional School District has received written notification from employee of direct deposit cancellation or termination.

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

Employee

Signature \_\_\_\_\_

(Both must sign, if joint account)

Employee

Name \_\_\_\_\_

(Please Print)

(Both must sign, if joint account)

**Please provide a voided check (or a deposit slip for a savings account) for verification.**