



Ridgefield Public Schools

...valuing each and every student

Frank Romano, III, Ed.D.
Superintendent of Schools

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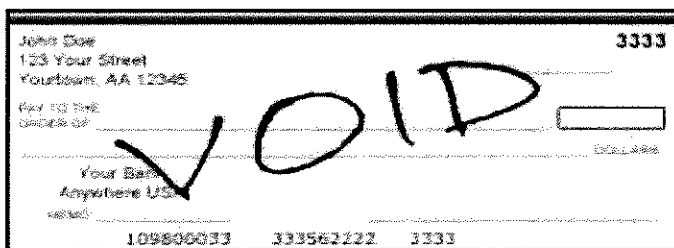
Floro M. Villanueva Jr.
Business Administrator

DIRECT DEPOSIT FORM- AUTHORIZATION

NAME OF DEPOSITOR/EMPLOYEE _____

DEPOSITORY BANK _____

(Address of Bank or branch where account is maintained)



(PLEASE ATTACH VOID CHECK)

ACCOUNT TYPE: CHECKING _____ SAVINGS _____

ACCOUNT NUMBER _____

TRANSIT/ ABA NUMBER _____

Please note that, due to timing differences, new or changed direct deposits will result in one or more paper checks after this form has been submitted. Please DO NOT CLOSE your account(s) without giving your payroll office two weeks prior notice

- Authorize my employer, RIDGEFIELD PUBLIC SCHOOLS and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation. I understand I should contact my bank to verify receipt of funds.
- Revise direct deposit bank account(s) as indicated below.
- Cancel direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Ridgefield BOE has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

This authority is to remain in full force and effect until Ridgefield BOE and Depository Bank have received written notification from the undersigned of its termination in such time and in such manner as to afford Ridgefield BOE and Depository bank a reasonable opportunity to act on it.

DATE _____

SIGNATURE _____