

AUTHORIZATION FOR AUTOMATIC BANK DEPOSIT

I, _____, hereby authorize Oyster River Cooperative
(Please Print Name)
School District to deposit my pay to the account(s) listed below.

This authorization is to remain in effect until revoked by either the Oyster River Cooperative School District or in writing by the employee.

Providing your email address allows us to email your paystub to you each pay period.

Email Address: _____

Financial Institution Information

Name of Bank or Credit Union _____

Routing Number _____

___ Checking Account Number _____ \$ _____

___ Savings Account Number _____ \$ _____

Remainder of check to the following account(s):

Name of Bank or Credit Union _____

Routing Number _____

___ Checking Account Number _____

___ Savings Account Number _____

Signature _____ Date _____

For checking deposits, please attach a voided check