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Superintendent

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Readiness



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AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I HEREBY AUTHORIZE THE HINSDALE SCHOOL DISTRICT TO INITIATE CREDIT ENTRIES TO MY CHECKING AND/OR SAVINGS ACCOUNT INDICATED BELOW AT THE DEPOSITORY FINANCIAL INSTITUTIONS NAMED BELOW.

EMPLOYEE NAME: (PLEASE PRINT) _____

Employee Signature

Date

PLEASE NOTE: If you are changing or adding a direct deposit it must be noted as a change. If the change is a dollar amount only, there will be no interruption in your direct deposit. If you are adding an account to be direct deposited, you must note that you do not want existing direct deposits interrupted.

Whenever this form is completed, it supersedes the previous one. Therefore, we will stop any direct deposit that is not on this form. If you want to add a direct deposit and not change one that is existing, please note in a section the Bank and the acct. no. and a memo that says, "do not change this direct deposit."

1. BANK NAME _____

ADDRESS _____

CHECKING ACCT. # _____ SAVINGS ACCT. # _____

ROUTING # _____ AMT. TO DEPOSIT _____

2. BANK NAME _____

ADDRESS _____

CHECKING ACCT. # _____ SAVINGS ACCT. # _____

ROUTING NO. _____ AMT. TO DEPOSIT _____

3. BANK NAME _____

ADDRESS _____

CHECKING ACCT. # _____ SAVINGS ACCT. # _____

ROUTING # _____ AMT. TO DEPOSIT _____

Note: IF YOU CHOOSE TO HAVE DIRECT DEPOSIT INTO YOUR CHECKING ACCOUNT, PLEASE ATTACH A "VOIDED" CHECK TO THIS FORM. Direct Deposit will not take effect for at least one pay period after receipt of this form.