

PLEASE ATTACH A VOIDED CHECK HERE

PAWTUCKET SCHOOL DEPARTMENT
PO BOX 388, 286 MAIN ST.
PAWTUCKET, RHODE ISLAND 02862

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Pawtucket School Department to initiate credit entries to my Checking or Savings account indicated below at the depository financial institution named below, and to credit the same to such account.

Bank _____ Branch _____

City _____ State _____

Routing Number _____

Account Number _____

SELECT ONE
Checking () Savings ()

This authorization is to remain in full force and effect until the Pawtucket School Department has received written notification from me of its termination in such time and in such manner as to afford the Pawtucket School Department and the financial institution named above a reasonable opportunity to act on it.

FOR CHECKING, PLEASE ATTACH A VOIDED CHECK THE TOP OF THIS FORM
FOR SAVINGS, PLEASE ATTACH THE BANK AUTHORIZATION FOR DIRECT DEPOSIT TO A SAVINGS ACCOUNT

Name _____ Social Security # _____

Signed: _____ Date _____