



## Danvers Public Schools

### Direct Deposit Agreement Form

#### Authorization Agreement

I hereby authorize Danvers Public Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize Danvers Public Schools to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Danvers Public Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Danvers Public Schools receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

#### Account Information

Name of  
Financial Institution: \_\_\_\_\_  In Full  Partial

Routing Number: \_\_\_\_\_ Amount if Partial: \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

#### Signature

Print Name: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Payroll Department.**