

**MARLBORO CENTRAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize the Marlboro Central School District to automatically deposit my payroll check into my account listed below. This includes my authorization to correct any entries made in error.

Bank Name: _____

Branch: _____

Routing Number: _____

Checking Account Number: _____

Savings Account Number: _____

Amount _____

This authorization will remain in effect until the Marlboro Central School District has received written notification from me of its termination.

Employee Name: _____

Date: _____ Signed: _____

[Type here]

[Type here]