

DIRECT DEPOSIT AUTHORIZATION

I, \_\_\_\_\_ HEREBY AUTHORIZE  
THE ATHOL-ROYALSTON REGIONAL SCHOOL DISTRICT  
TO DIRECT DEPOSIT MY PAYCHECK TO THE  
FOLLOWING ACCOUNT(S).

BANK NAME \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
TYPE OF ACCOUNT: CHECKING \_\_\_\_\_  
SAVINGS \_\_\_\_\_  
AMOUNT OR ALL \_\_\_\_\_

BANK NAME \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
TYPE OF ACCOUNT: CHECKING \_\_\_\_\_  
SAVINGS \_\_\_\_\_  
AMOUNT OR ALL \_\_\_\_\_

BANK NAME \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
TYPE OF ACCOUNT: CHECKING \_\_\_\_\_  
SAVINGS \_\_\_\_\_  
AMOUNT OR ALL \_\_\_\_\_

BANK NAME \_\_\_\_\_  
ROUTING NUMBER \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
TYPE OF ACCOUNT: CHECKING \_\_\_\_\_  
SAVINGS \_\_\_\_\_  
AMOUNT OR ALL \_\_\_\_\_

Employee

Signature \_\_\_\_\_

Date \_\_\_\_\_