



Hudson City School District

Direct Deposit Form

I (we) hereby authorize Hudson City School District, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking or Savings account indicated below at the depository named below, hereinafter called DEPOSITORY, to credit/and or debit the same to such account.

Please attach either a void check or something showing bank information for each transaction.

Bank Name & Address	Routing Number	Amount
	Account Number	Checking or Savings (please circle below)
		Checking or Savings

Please cancel my direct deposit

Please put a X in the box		Payroll Date	
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Bank Name & Address	Routing Number	Amount
	Account Number	Checking or Savings (please circle below)
		Checking or Savings

Please cancel my direct deposit

Please put a X in the box		Payroll Date	
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This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____ Social Security Number: _____
PLEASE PRINT NAME

Date: _____ Signature: _____