



BEACON CITY SCHOOL DISTRICT
ADMINISTRATIVE OFFICES
10 EDUCATION DRIVE
BEACON, NEW YORK 12508
PHONE 845-838-6900
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MS. JEAN FAZZINO LAIN
*Assistant Superintendent
for Instruction and Personnel*

MR. CHARLES SYMON
*Assistant Superintendent
for Media and Operations*

MRS. ANN MARIE QUARTIRONI
Assistant Superintendent for Business

DR. LYNNE PAMPEL
Director of Pupil Personnel

MR. ERIC ROMANINO
Director of PE, Athletics and Health Services

Dr. Jean P. Parr
Superintendent of Schools

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

| | |
|---|---|
| Company Name BEACON CITY SCHOOL DISTRICT | Company ID Number 1146001231 |
|---|---|

I hereby authorize my employer/payer, hereinafter called **COMPANY**, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my financial institution indicated below, hereinafter called **DEPOSITORY**, to credit and/or debit the same to such account.

| | | |
|-------------------|------------------|-------------------------------|
| First Name | Last Name | Social Security Number |
|-------------------|------------------|-------------------------------|

| | |
|------------------------|---|
| Depository Name | Entire check <input type="checkbox"/> <i>or</i> Amount \$ |
|------------------------|---|

| | | |
|---|-------------------------------------|-----------------------|
| Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings | Transit/ABA Number (Routing) | Account Number |
|---|-------------------------------------|-----------------------|

To ensure that my account is properly credited, I have attached a VOIDED CHECK from my checking account or a DEPOSIT SLIP from my savings account where my net pay will be deposited. Direct Deposit will not be initiated without these documents.

This authority is to remain in full force and effect until the **COMPANY** has received a written termination notice from me in a timely manner to allow the **COMPANY** and **DEPOSITORY** a reasonable amount of time to process it.

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|