

**REGIONAL SCHOOL UNIT 16**  
**DIRECT DEPOSIT AUTHORIZATION**

I authorize Regional School Unit 16 to electronically deposit any funds owed to me into my account at the Depository Financial Institution named in the form below.

I authorize Regional School Unit 16 to debit my account only for the purpose of correcting erroneous credits previously deposited to my account provided that prior to the debit, Regional School Unit 16 notifies me in writing of the reason for the debit.

**REQUEST FOR DIRECT DEPOSIT**

I authorize Regional School Unit 16 to electronically deposit funds owed to me into my:

\_\_\_\_\_ Checking                      \_\_\_\_\_ Savings

Account at \_\_\_\_\_  
(Financial Institution)

Bank Routing number \_\_\_\_\_

Account Number \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Email Address \_\_\_\_\_

I have read and understand this form:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

2400		
\$1-548/1221		
PAY TO THE ORDER OF _____	\$ _____	
DOLLARS		
FOR _____		
⑆ 122105278⑆	6724301058⑆	2400⑆
Routing Number	Account Number	Check Number

Please attach a voided check here.