

REGIONAL SCHOOL DISTRICT NO. 4
CHESTER • DEEP RIVER • ESSEX



DIRECT DEPOSIT AGREEMENT FORM

PLEASE ATTACH A VOIDED CHECK OR LETTER FROM THE BANK AND RETURN THIS FORM TO PAYROLL

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Type of Account: _____ Checking _____ Savings

Authorization Agreement / Signature

I hereby authorize Regional School District No. 4 to initiate automatic deposits to my account at the financial institution named above. This agreement will remain in effect until Regional School District No. 4 receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Authorized Signature: _____ Date: _____

Print Name: _____

Please note: there will be two (2) pay period testing runs during which time you will receive a cashable check. On the third (3rd) pay you will receive a remittance advice via email.

Regional School District No. 4 will use your school email address for your payroll advice (___@reg4.k12.ct.us) unless you provide an alternate email address below. If you do not have a school email address, then we will require you to provide an alternate email for you payroll advice.

Alternate email address; _____

1/24/2020