

CHITTENDEN SOUTH SUPERVISORY UNION

AUTHORIZATION FOR DIRECT DEPOSIT

Employee's Name _____
Please Print

- _____ Allen Brook/Williston School
- _____ Charlotte Central School
- _____ Chittenden South Supervisory
- _____ Champlain Valley Union HS
- _____ Hinesburg Elementary School
- _____ Shelburne Community School

I authorize the Chittenden South Supervisory School District and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account each pay period. This authority will remain in effect until I have cancelled it in writings.

I would like to receive my payroll advice slips via email. Please sent advice slips to the following email address: _____ .

_____ checking account	_____ savings account	_____ dollar amount
_____	_____	_____
FINANCIAL INSTITUTION	ACCOUNT NUMBER	

FINANCIAL INSTITUTION ROUTING NUMBER		

_____ checking account	_____ savings account	_____ dollar amount
_____	_____	_____
FINANCIAL INSTITUTION	ACCOUNT NUMBER	

FINANCIAL INSTITUTION ROUTING NUMBER		

_____ checking account	_____ savings account	_____ dollar amount
_____	_____	_____
FINANCIAL INSTITUTION	ACCOUNT NUMBER	

FINANCIAL INSTITUTION ROUTING NUMBER		

SIGNATURE _____	DATE _____
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