

Stockbridge-Munsee Community
Office of Accounting Services
Account Payables

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

Customer Name _____
First _____ *Last* _____ *MI* _____

_____ *Address* _____ *City* _____ *State* _____ *Zip Code* _____

E-Mail Address (for electronic pay stub): _____

I hereby authorize Stockbridge-Munsee Community (SMC) and my bank to automatically make deposits into my account listed above (this includes my authorization to correct entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Complete for DIRECT DEPOSIT

Bank Account

Checking Savings **Circle Type of Account** **It's safe and secure.**

* Account Number _____

* No more lost or misplaced checks.

Bank Name _____

* Your check's automatically deposited into your account

Bank Routing # _____

* It eliminates a trip to the bank.

** **For account verification, you must attach a voided check.**

** If your bank account number has changed, you must provide a voided check or bank specification sheet.*

***Banks are very strict with their routing number to avoid any issues, please attached requested documentation. The processing of this form will take at least two pay periods.*

Signature

Date

FOR ACCOUNTING SERVICES USE ONLY

Processed by

Date