

TREASURER USE ONLY

Date Received: \_\_\_\_\_

First Pay Affected: \_\_\_\_\_

FAIRFIELD COUNTY EDUCATIONAL SERVICE CENTER  
Authorization Agreement for Direct Deposit

I hereby authorize the Fairfield County ESC to initiate electronic transfer entries to the account(s) listed below. A blank, voided check must be provided for each checking account and will be attached to this authorization.

This authorization is to remain in force until the Fairfield County ESC has received written notification of any changes (additions and/or cancellations). Please allow 3 weeks notice for all changes.

**MAIN ACCOUNT**

Financial Institution: \_\_\_\_\_

Transit Routing # \_\_\_\_\_

Checking     Savings    Account # \_\_\_\_\_

**Account #2**

Financial Institution: \_\_\_\_\_ Amount \_\_\_\_\_

Transit Routing # \_\_\_\_\_

Checking     Savings    Account # \_\_\_\_\_

**Account #3**

Financial Institution: \_\_\_\_\_ Amount \_\_\_\_\_

Transit Routing # \_\_\_\_\_

Checking     Savings    Account # \_\_\_\_\_

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_