

**HARTLAND CONSOLIDATED SCHOOLS
APPLICATION FOR ACH DIRECT DEPOSIT**

EMPLOYEE ID _____

NAME _____ **Email:** _____

PLEASE PRINT

ADDRESS _____

STREET ADDRESS

CITY, STATE, ZIP

HOME PHONE _____ **CELL** _____ **WORK** _____

CHECK ONE: **NEW** _____ **CHANGE** _____ **CANCEL** _____

NAME OF BANK _____

ROUTING # _____ **ACCOUNT #** _____

TYPE OF ACCOUNT:

CHECK ONLY ONE

_____ **CHECKING**

_____ **SAVINGS**

REQUIRED: (Attach Void Check or Copy of Check) (Attach Specification Sheet)

Effective immediately, I authorize credit entries to the above account. If an incorrect amount is deposited into my account, I authorize Hartland Consolidated Schools to make the appropriate adjustment(s).

This authorization will remain in effect until written notice of change or termination is received from me in such time and manner as to afford a reasonable opportunity to act on it. I acknowledge that the origination of the ACH transactions to my account must comply with the provisions of U.S. law. This Direct Deposit Authorization terminates any previous authorization received by Hartland Consolidated Schools on my behalf.

I have read and agree to all the terms and conditions of the agreement as set forth above.

CUSTOMER AUTHORIZATION

SIGNATURE _____ **DATE** _____

REQUIRED
**ATTACH VOID OR COPY OF CHECK HERE
(CHECKING)**
OR SPECIFICATION SHEET (SAVINGS)

FOR OFFICE USE ONLY: Set Up Deduction: _____
(date and initials)