

## Hull Public Schools

Office of the Superintendent 18 Harborview Road, Hull, Massachusetts 02045 781-925-4400 ext. 1114 Fax 781-925-8042



## DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

THIS FORM MUST BE DELIVERED IN PERSON TO CENTRAL OFFICE - No other delivery method will be accepted

THIS TORRAN INTO SELECTION TO CERT	The office delivery method will be decepted
Employee Name:	
Only FDIC insured accounts can be used, money apps are not permitted	
Account #1 Type (mark one): ☐ Checking ☐ Saving Deposit Amount (mark one): ☐ Entire ☐ Flat am Bank Name:	ount \$
Bank ABA Routing Number:	
Account Number: VOIDED CHECK FOR	
Is this replacing an existing direct deposit account? ☐ Yes ☐ No	
If yes, which account number?	
	EACH ACCOUNT
Account #2 (Remainder to be deposited into this account Type (mark one): ☐ Checking ☐ Savings Bank Name:	
Bank ABA Routing Number:	
Account Number:	
Is this replacing an existing direct deposit account?	□ Yes □ No
If yes, which account number?	
	bove to remit my paycheck electronically via ACH. This also includes made in error. This authorization will remain in effect until the Town portunity to act on it.
Signature:	Date:
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ELECTRONIC (Email) PAYCHECK AUTHOR	RIZATION – Required for All Teaching staff
Electronic Paychecks are sent to you via secure email rather than entering the password you provide below. To request an electro I hereby Request Electronic (Email) Delivery of Payro	nic paycheck, please complete the section below.
Employee email address for Electronic Paycheck:	
Password you've selected:	(This is case sensitive, should not include any spaces or exceed 30 characters)
Signature:	Date: