



LI Head Start

98 AUSTIN STREET,
PATCHOGUE, NY 11772
631-758-5200
631-758-2953 HR FAX

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **LI Head Start** to initiate automatic deposits to my account at the financial institution named below. I also authorize **LI Head Start** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **LI Head Start** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **LI Head Start** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Entire Net Pay
Other Amount

\$ _____

A separate form is needed for additional transactions

Signature

Print Employee Name
(Primary): _____

Site: _____

Print Joint Account Name: _____

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Human Resources Department.