

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 \_\_\_\_\_