



# Lincoln Public Schools

1624 LONSDALE AVENUE  
LINCOLN, RHODE ISLAND 02865-1800

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Business Administrator  
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Lincoln Public Schools  
Direct Deposit of Payroll  
Authorization Agreement

I hereby authorize Lincoln Public School to make payment of any "Net Pay" owing me for Direct Deposit of Payroll to the Bank indicated below, hereinafter called Bank, and authorize Bank to credit such amounts to my:

Indicate type of account (circle one)      Checking      or      Savings

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For multiple accounts please fill out a form for each and indicate how you would like the split.

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Bank or Credit Union Name

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For multiple accounts please indicate  
dollar (\$) amount to deposit

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Bank or Credit Union Transit Routing #  
(on bottom left hand corner of check)

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Account # (bottom left hand corner of check after routing number)

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E-mail address for receipt of payroll voucher

This authorization is to remain in full force and effective until the Lincoln School Department has received written notification from me of its termination in such time and manner as to afford the Lincoln School Department and Bank a reasonable opportunity to act on the request.

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Name (Print)

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Signature

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Date

\*\*\*\*\*PLEASE ATTACH A VOIDED CHECK\*\*\*\*\*