



School District of New London
 901 W. Washington St.
 New London, WI 54961
 920/982-8530

Accounting Department
 PH: 920/982-8530
 FAX: 920/982-8551
 Email: officials@newlondon.k12.wi.us

ELECTRONIC TRANSFER SIGN-UP AUTHORIZATION FORM & AGREEMENT

After completing the form, please fax to 920/982-8551; email to officials@newlondon.k12.wi.us; or mail to School District of New London, Attn: Accounting Department, 901 W. Washington St., New London, WI 54961. **If you are currently employed by the District, you do not need to complete the banking portion of this form because we already have it on file for payroll; unless, you want this deposit separate from payroll.*

(Please Print ~ all boxes are required)

Name:		
Address:		
City, ST Zip:		
Phone w/Area Code:		
Email Address (For Remittance Information):		
Financial Institution:		
Street Address:		
City, ST Zip:		
Phone w/Area Code:		
Check One	Start	Change
Account Number:		
Routing Number:		
Account Type	Checking	Savings
<p>The principal purpose for requesting this information on this form is to verify your identity and establish your account to receive EFT payments. Furnishing your name, address, and bank account information is mandatory. Failure to provide such information will delay or may even prevent the payment for which this form is being filled out. Information on this form is used by SDNL for non-payroll payments as required by law.</p>		

ATTACH VOIDED CHECK HERE
Your email address is required so we can notify you electronically with payment details.

ACCEPTANCE ~ I hereby authorize EFT payments to the account number above under the terms and conditions of this agreement and verify that the information contained on the face hereof is correct.

Signature:	Printed Name:	Date:
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