

SOUTH COLONIE CENTRAL SCHOOL DISTRICT

Employee Name _____

Employee SS # _____

Type of Request: _____ Establish _____ Change _____ Terminate

Your Name	1001
Your Address	
DATE _____	
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
Your Bank Name	
MEMO _____	
⑆ 123456789 ⑆ 0000987654321 ⑆ 1001	

9 Digit Routing Number Your Account Number Check Number

Name of Bank or Financial Institution:

City/State _____

Employee Account # _____

Bank ABA Transit Routing # _____

Type of Account: _____ Checking _____ Savings

If you wish to deposit your pay into a Savings or other type of account, or require further clarification of your ABA Transit Number, contact your Banking Institution

A VOIDED CHECK MUST BE ATTACHED

I would like to receive my direct deposit stub electronically at the Email address listed below:

Email address (please print legibly)

I opt-out of receiving my direct deposit stub electronically and would prefer to receive a printed pay stub.

Signature: _____

Date: _____

SOUTH COLONIE CENTRAL SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the South Colonie Central School District to electronically deposit my net pay each pay period into the financial institution designated. I understand that the South Colonie Central School District acts as my agent for the purpose of remitting my net pay to the financial institution and the South Colonie Central School District assumes no further responsibility in connection with my account.

By signing this authorization, the employee and each joint tenant, if any, each consent to allow the South Colonie Central School District, through financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, or which was deposited to the account in error or by mistake. This means of recovery shall not prevent the South Colonie Central School District from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

The South Colonie Central School District cannot be held responsible for any circumstances, which delay the timely deposit of funds to an employee's account.

This authorization is to remain in full force and effect until the South Colonie Central School District has received written notification from me of its termination in such time and manner as to afford the South Colonie Central School District and the financial institution a reasonable opportunity to act on it. I understand that a change to this authorization will delay my direct deposit of funds for upwards of a month.

To ensure that my account is properly credited, I have attached a voided check from my checking account. Provision of a voided check from my checking account does not relieve me of the responsibility to accurately complete the form on the reverse side.

Please note the first payroll after notification of authorization requires a test deposit. The first actual deposit my not take effect for two (2) payrolls.

SIGNATURE

DATE _____

SIGNATURE OF JOINT TENANT (if any)

DATE _____

(OVER)