

DIRECT DEPOSIT
Authorization Agreement

SALMON RIVER CENTRAL SCHOOL
637 COUNTY ROUTE 1
FORT COVINGTON, NEW YORK 12937
518-358-6615 FAX: 518-3583492

EMPLOYEE INFORMATION

Name _____ Social Security # _____

Address _____

City _____ State _____ Zip _____

BANK INFORMATION

Name _____ Phone # _____

Address _____

City _____ State _____ Zip _____

Routing Number _____

*****IMPORTANT NOTE:** The employee is responsible for contacting his/her bank or financial institution to confirm the bank routing numbers and account numbers. The employee is also responsible for notifying Payroll immediately in writing if the deposit bank changes or account number change.

DEPOSIT TO:

Choose one: Checking Savings

ACCOUNT # _____

I hereby authorize the Salmon River Central School District and the depository name above to initiate direct deposit (credit) entries and correction (debit) entries to depository account listed above. The authorization will remain in effect until the Payroll Office receives written notification from me at least 30 days prior to the effective date of the termination.

*****PLEASE ATTACH A VOIDED PERSONALIZED CHECK OR OTHER PREPRINTED DOCUMENT TO VERIFY**

FINANCIAL INSTITUTION AND ACCOUNT NUMBER TO THIS FORM.

Signature _____ Date _____

Phone Number _____

It is recommended that you contact your bank to verify that the direct deposit is in your account each payday.

To participate in direct deposit for the 2009-2010 school year, this form must be returned by 9/30/2009.