

DIRECT DEPOSIT

Authorization Agreement

SALMON RIVER CENTRAL SCHOOL
637 COUNTY ROUTE 1
FORT COVINGTON, New York 12937
(518) 358-6616 FAX: (518) 358-2145

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 the account number changes.*****

DEPOSIT TO:

<input type="checkbox"/>	Checking Account
<input type="checkbox"/>	Savings Account

Account Number: _____

I hereby authorize the Salmon River Central School District and the depository named above to initiate direct deposit (credit) entries and correction (debit) entries to the 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 termination.

*****PLEASE ATTACH A VOIDED PERSONALIZED CHECK OR OTHER PRINTED DOCUMENTATION TO VERIFY THE FINANCIAL INSTITUTION AND ACCOUNT NUMBER ON THIS FORM.**

Signature _____ Date _____

Phone Number _____

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