

DIRECT DEPOSIT AUTHORIZATION
PORT BYRON CENTRAL SCHOOL DISTRICT
 30 Maple Ave., Port Byron, NY 13140

Instructions. Print legibly or type. Read notes below. Sign and date. Send this form with voided check(s) or deposit slip(s) to Business Office.

Employee Name _____
 (First, MI, Last)

Employee Social Security Number _____

Bank Name _____

Bank Routing Number _____

| Ref # | Account # | Account Type: | |
|-------|-----------|---------------------|--------------------------|
| | | Checking or Savings | Amount (\$) or "Net Pay" |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Notes

- ¹ Staple a deposit slip or voided check to this form for EACH account.
- ² Specify either Amount (\$) or Net Pay
- ³ A new Direct Deposit Change Authorization form must be completed whenever a change is required. This includes stopping a direct deposit. Make changes well ahead of time.

I hereby authorize the District to automatically direct deposit my pay as indicated above. The authorization will remain in effect until the District has received written notification from me of its termination. If funds to which I am not entitled are deposited into my account, I authorize the District to direct the bank to return said funds. If I change my account or wish to change the allocation of my funds, I will complete a new Payroll Direct Deposit Authorization Form.

 Employee Signature

 Date

Office Use Only

Date Received _____
 Date Processed _____
 Date Direct Deposit Change Became Effective _____
 Name of Processing Clerk _____