

DIRECT DEPOSIT AUTHORIZATION
AGREEMENT FORM

NOTE: It generally takes two pay periods to start or change direct deposit. The first pay period, you will receive a check. The second pay period will be direct deposit. Once your direct deposit begins, you will receive a printed paystub.

EMPLOYEE INFORMATION

Name: _____

EIN or SSN: _____ Phone Number: _____

ACCOUNT INFORMATION

INSTRUCTIONS: If you are depositing into more than one account, one account must be listed as 100% and the other account(s) must be listed as a flat dollar amount.

CHECKING Please check one: START STOP CHANGE

Name of Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Amount per Pay (if more than one account, this must be a percentage): \$ _____

SAVINGS Please check one: START STOP CHANGE

Name of Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Amount per Pay (if more than one account, this must be a set \$ amount): \$ _____

PLEASE ATTACH BANK ACCOUNT INFORMATION HERE.
(A VOIDED CHECK OR A FORM FROM YOUR FINANCIAL INSTITUTION)

AUTHORIZATION AGREEMENT

I hereby **authorize** Le Roy Central School District to initiate automatic deposits to the accounts(s) listed at the bank(s) or credit union(s) listed above. Additionally, I authorize Le Roy Central School to make withdrawals from this account in the event of an error. Furthermore, I agree not to hold Le Roy Central School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s), or due to any error on the part of my bank(s) or credit union(s) in depositing funds to my accounts(s). This agreement will remain in effect until Le Roy Central School receives written notice of cancellation from me or my bank(s) or credit union(s), or until I submit a new Direct Deposit Authorization Form to the Le Roy Central School Payroll Department.

Employee Signature: _____ Date: _____

Payroll Signature: _____ Date: _____