



Harrison Central School District

Louis N. Wool, Ed.D., Superintendent of Schools
50 Union Avenue • Harrison, New York 10528 • 914-630-3003 • Fax 914-835-2950
www.harrisoncsd.org

DIRECT DEPOSIT FORM

I, _____ wish to have my payroll check directly deposited to the account indicated below.

Signature

Date

ACCOUNT INFORMATION

Bank Name: _____

Bank Address: _____

Bank Phone Number: _____

Bank ABA or Routing Number: _____

Account Number: _____

Type of Account:

Checking _____

Savings _____

ATTACH VOIDED CHECK HERE FOR CHECKING ACCOUNT DEPOSIT
