

ATTACH VOIDED CHECK HERE

WESTBURY UNION FREE SCHOOL DISTRICT
Old Westbury, New York 11568

AUTHORIZATION FOR DIRECT DEPOSIT OF PAY CHECK
SECTION 1 (TO BE COMPLETED BY EMPLOYEE)

Employer Name: Westbury UFSD	1. Employee Name	2. Social Security Number
	3. Building Location	4. Employee Number

I authorize the Westbury UFSD (District) each pay day to deposit my entire pay check directly to the bank account named below. This directive will remain in force until I have given the District written notification that I have terminated it or until the District has notified me that it has terminated this deposit service. I understand I must give the District enough advance notice to give it reasonable time to act upon my instructions. **I understand that it will take one (1) payroll before my direct deposit becomes effective.**

5. Please deposit my entire pay into: _____
(Name of Financial Institution)

6. Checking Account No. _____ or Savings Account No. _____

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR: By signing this form, the employee and joint tenant, if any, each consent to allow the Westbury UFSD, through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account in error or by mistake. This means of recovery shall not prevent the Westbury UFSD from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled. This authorization is to remain in full force and effect until the Westbury UFSD has received written notification from me of its termination in such time and manner as to afford Westbury UFSD and the financial institution a reasonable opportunity to act upon it.

7. Employee Signature	8. Date
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SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION IF VOIDED CHECK IS NOT PROVIDED)

9. Name and Address of Financial Institution	11. Account Title

	12. Account Number
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10. Routing Number	13. Type of Account (Checking or Savings)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

FINANCIAL INSTITUTION CERTIFICATION: I confirm the identity of the above named employee and joint tenant, if any, and the account number and title. As representative of the above named financial institution, I certify that, as a member of the NYACH, this financial institution agrees to receive and deposit the salary to the account shown above in accordance with Part 102 of the New York State Comptroller's Rules and Regulations and to be bound by such rules. Furthermore, salary credited to the above account will be available to the depositor on pay day or, if later, will be available (enter number) ___ days following pay day.

14. Name of Representative (Print)	15. Representative's Signature
_____	_____
16. Telephone Number	17. Date
_____	_____