



**ACSD**  
Addison Central School District  
**Direct Deposit Agreement Form**

**Authorization Agreement**

I hereby authorize the school to initiate automatic deposits to my account at the financial institution named below. I also authorize the school to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree to receive pay information electronically utilizing the secure employee information portal.

Further, I agree not to hold the school responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the school receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

Deposit Entire Net Pay

Deposit \$\_\_\_\_\_ each pay period

Cancel Direct Deposit

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please attach a voided check or deposit slip and return this form to the Payroll/Benefits Administrator. Complete one form for each deposit request.**

**Please note if this is a new direct deposit or a new bank account number, the change will be effective after 1-2 pay cycles.**