

# PINE PLAINS CENTRAL SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION FORM

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Last 4 SSN#: \_\_\_\_\_ Phone Extension: \_\_\_\_\_

**ACTION** (Check One)                       ENROLL                       CHANGE

I authorize the Pine Plains Central School District payroll department to automatically deposit my salary into the account(s) shown below:

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please attach a Voided Check or Account Deposit Slip. If your deposit is split between accounts, show specific amount(s) as appropriate and write "balance" in the final account where you wish the remainder to go.

**Bank Routing:**

--	--	--	--	--	--	--	--	--

Bank Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Checking Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

Savings Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

**Bank Routing:**

--	--	--	--	--	--	--	--	--

Bank Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Checking Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

Savings Acct #: \_\_\_\_\_ Amount: \_\_\_\_\_

<b>Staple Check or Deposit Slip:</b>	
--------------------------------------	--

Date Entered by Payroll Office: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Initials: \_\_\_\_\_