

AMHERST CENTRAL SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____ Building: _____

ACTION (Check One) ENROLL CANCEL CHANGE

I authorize the Amherst Central School District payroll department to automatically deposit my salary from my bi-weekly paycheck into the account(s) shown below:

Please attach a *Voided* Check or Savings 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:

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Bank Name: _____	Amount: _____
Checking Acct #: _____	Amount: _____
Savings Acct #: _____	_____

Bank Routing:

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Bank Name: _____	Amount: _____
Checking Acct #: _____	Amount: _____
Savings Acct #: _____	_____

Amherst Federal Credit Union Information:

- OPENING AN ACCOUNT: Please visit the Credit Union:

6470 Main Street, Suite 5
Amherst, NY 14221-5899
716-634-3881
Mon-Fri 9 – 4:30, Thur 9 – 6, Sat 9 – Noon

You will be given a green, two-part form to complete. The credit union will notify us with your deposit information.

- CHANGES TO AN EXISTING ACCOUNT(S): Complete a green, two-part form available at the Payroll Office or at the Credit Union.

Effective Date: _____ Signature: _____
Date: _____