

**FRANKFORT-SCHUYLER CENTRAL SCHOOL  
DIRECT DEPOSIT AUTHORIZATION AGREEMENT  
CHANGE FORM**

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW AND MAKE A COPY FOR YOUR RECORDS. RETURN A COMPLETED COPY TO BUSINESS OFFICE.

**EMPLOYEE INFORMATION**

LAST NAME	FIRST	MI
STREET	CITY	ZIP CODE
SOCIAL SECURITY #	PHONE #	

PLEASE CHOOSE FROM THE FOLLOWING, THE CHANGES YOU ARE REQUESTING:

**DELETE EXISTING ACCT INFORMATION CURRENTLY ON FILE**

BANK NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

BANK ABA/ROUTING # (9 DIGITS) \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ ACCOUNT TYPE  CHECKING  SAVINGS

**ADD NEW BANK ACCT INFORMATION**

BANK NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

BANK ABA/ROUTING # (9 DIGITS) \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ ACCOUNT TYPE  CHECKING  SAVINGS

AMOUNT \_\_\_\_\_

**CHANGE BANK / CHANGE AMOUNT**

FROM:	TO:
_____	_____
BANK NAME	BANK NAME
_____	_____
BANK ABA/ROUTING # (9 DIGITS)	BANK ABA/ROUTING # (9 DIGITS)
_____	_____
ACCOUNT #	ACCOUNT #
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
AMOUNT _____	AMOUNT _____

I AUTHORIZE THE FRANKFORT-SCHUYLER CENTRAL SCHOOL DISTRICT TO AUTOMATICALLY DEPOSIT MY PAY IN THE FORGOING ACCOUNT, OR IN ANY FUTURE ACCOUNT DIRECTED BY ME IN WRITING. I UNDERSTAND THAT I MAY CANCEL THIS AUTHORIZATION BY PROVIDING WRITTEN AUTHORIZATION TO THE SCHOOL.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

THE ABA/ROUTING # IS LOCATED AT THE BOTTOM LEFT SIDE OF YOUR CHECK. IT IS A 9 DIGIT #. FOR SAVINGS ACCOUNTS CHECK WITH YOUR BANK.