

WHITESBORO CENTRAL SCHOOL DISTRICT  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

New Enrollment

Change in Enrollment

Please inactivate my current direct deposit and distribute my check according to the below information.

I currently have a direct deposit and wish to continue my existing direct deposit in addition to the below information.

I hereby authorize Whitesboro Central School District to make payment of any pay owed to me for Direct Deposit of Payroll to the Bank(s) indicated below and I authorize the Bank to credit such amounts to my:

Checking Account # \_\_\_\_\_  
Bank Name \_\_\_\_\_ \$ Amount or % to be deposited \_\_\_\_\_

Checking Account # \_\_\_\_\_  
Bank Name \_\_\_\_\_ \$ Amount or % to be deposited \_\_\_\_\_

Savings Account # \_\_\_\_\_  
Bank Name \_\_\_\_\_ \$ Amount or % to be deposited \_\_\_\_\_

Savings Account # \_\_\_\_\_  
Bank Name \_\_\_\_\_ \$ Amount or % to be deposited \_\_\_\_\_

I currently have a payroll deduction to First Source Federal Credit Union and wish to have my remaining (net) check deposited in the bank(s) listed above.

**AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR**

By signing this form, the employee and each joint tenant, if any, each consent to allow Whitesboro Central School District, 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. This means the recovery shall not prevent Whitesboro Central School District 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 effective until Whitesboro Central School District has received written notification from me of its termination in such time and manner as to afford Whitesboro Central School District and Bank a reasonable opportunity to act on it.

To ensure that my account is credited properly, I have attached a voided check(s) from the checking account or a deposit slip(s) from the savings account where all or part of my net pay will be deposited.

I agree that this authorization will remain in effect until I provide written notification to the Whitesboro Central School District Business Office Payroll Department terminating this service.

\_\_\_\_\_  
Name of Employee (Print)

\_\_\_\_\_  
Name of Joint Tenant (print)

\_\_\_\_\_  
Social Security # of Employee

\_\_\_\_\_  
Social Security # of Joint Tenant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Joint Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*\*Please return the completed form to the Business Office Payroll Department\*\*\***