

**Remsen CSD
Direct Deposit Authorization Form**

I hereby authorize **Remsen Central School** to deposit my pay as directed below for each pay period until further notice. You may elect to direct all or a portion of your pay to up to 2 banks. Remaining balance if any will be received in the form of a check.

Authorization of Recovery of Funds Deposited in Error

By signing this form, the employee and each joint tenant, if any, consent to allowing **Remsen CSD**, through the financial institution, to debit the account, upon notice to the account owner, in order to recover any salary to which the employee was not entitled, which was deposited to the account in error or mistake. This means of recovery shall not prevent **Remsen CSD** from utilizing any other lawful means to retrieve salary payments to which the employee was not entitled. This authorization is to remain in full force and effective until **Remsen CSD** has received written notification from me of its termination in such time and manner as to afford **Remsen CSD** and Bank(s) a reasonable opportunity to act.

To ensure that my account is properly credited, I have attached a voided check from the checking account or a deposit slip from the savings account when my pay shall be deposited.

Signature

Signature of Joint Tenant (if any)

Date

Date

Electronic Transfer of Funds for Direct Deposit of Payroll

1st Bank Name			2nd Bank Name		
Checking	Savings	Amount	Checking	Savings	Amount

Name of Account

Name of Account

Social Security Number

Social Security Number

Bank Address

Bank Address

Routing Number ABA (first set of numbers on bottom of check)

Routing Number ABA (see below)

Account Number (second set of numbers on bottom of check)

Account Number

Attach a Voided Check and/or Deposit Slip for Verification