

West Valley Central School District

Direct Deposit Form

(all employees must participate in direct deposit)

Employee Name _____

Institution #1: Bank Name _____

Account type (check one): ☐ checking ☐ savings

Routing Number	Account Number	Amount to be Deposited
		☐ Full Amount ☐ Dollar Amount: \$ _____ ☐ Percentage: _____ %

Institution #2 (if applicable): Bank Name _____

Account type (check one): ☐ checking ☐ savings

Routing Number	Account Number	Amount to be Deposited
		☐ Remaining Dollar Amount ☐ Remaining Percentage

- Please attach voided or cancelled check for checking account.
- Please attach deposit ticket for savings account.
- Please attach bank instruction sheet if opening a new account.

Email address for check stubs: _____

I certify that the information entered is true and accurate. I hereby authorize my pay to be deposited in accordance with my selections above.

Employee Signature _____ Date _____