

RyeNeck Schools

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Payroll Office of the Rye Neck Union Free School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, to credit or debit the same to such account.

Name _____ (please print)

Last four digits of SS# _____

1) Name of Bank _____

Amount _____ or Percentage* _____ Checking or Savings

Routing Number _____

Account Number _____

2) Name of Bank _____

Amount _____ or Percentage* _____ Checking or Savings

Routing Number _____

Account Number _____

*Percentage must equal 100%. This authority is to remain in full force and effective until the Payroll Office of the Rye Neck UFSD has received written notification from me to terminate such agreement in a reasonable time as to afford them and the Depository time to act on it.

Signature _____ Date _____

ATTACH VOIDED CHECK(S) BELOW OR BANK DIRECT DEPOSIT AUTHORIZATION FORM(S)