EAST RAMAPO CENTRAL SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION

** THIS FORM WILL SUPERSEDE ANY FORMS CURRENTLY ON FILE**

Employee Name (print)_____ Employee ID#:_____

Address:_____

Phone#: _____

I hereby authorize the East Ramapo CSD Payroll Office to

☐ Start Direct Deposit

☐ Stop all Direct Deposit

☐ Change my Direct Deposit as follows

1. Bank Name	Routing #: _ _ _ _ _ _ _ _ _ 9 digits Account #: _____	☐ Checking **(attach voided check)** or ☐ Savings	**Primary Balance Account** (for all remaining net payment)
2. Bank Name	Routing #: _ _ _ _ _ _ _ _ _ 9 digits Account #: _____	☐ Checking **(attach voided check)** or ☐ Savings	Percentage: ___%
3. Bank Name	Routing #: _ _ _ _ _ _ _ _ _ 9 digits Account #: _____	☐ Checking **(attach voided check)** or ☐ Savings	Percentage: ___%

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the employee consents to allow East Ramapo Central School District, only in the event of an overpayment to the employee's account and only through the financial institution, to debit the account to recover any payments to which the employee was not entitled, which was deposited to the account in error or by mistake.

Signature_____ **Date**_____

DIRECT DEPOSIT FORMS MUST BE SUBMITTED TO PAYROLL IN PERSON (PICTURE ID REQUIRED)

PLEASE ATTACH ONE OF THE FOLLOWING:

A voided check for your checking account (no deposit slips will be accepted).

A savings deposit slip for your savings account (please double-check with your bank that the correct routing number and account number are on the deposit slip).

If you do not have checks, please ask your bank for a letter or form that verifies your name, bank routing number, account number, and whether you want your deposit to go into checking or savings.

If you have questions, please contact Payroll Department at er-payroll@ercsd.org