

Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, North Colonie Central School District, to deposit any amount owed me by initiating credit entries to my account at the financial institution(s) indicated below. Further, I authorize my financial institution(s) to accept and credit any credit entries indicated by North Colonie Central School District to my account. In the event that the North Colonie Central School District deposits funds erroneously into my account, I authorize North Colonie Central School District to debit my account not to exceed the original amount of the erroneous credit.

Employee Information

Name (please print) _____

Building _____

Social Security Number _____ - _____ - _____

Check one:

____ Begin Direct Deposit of Net Pay ____ Change Information ____ Cancel Direct Deposit

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Bank Name _____ City _____ State _____

Bank Account Number _____

Type: _____ Checking _____ Savings

****Please attach a voided check or a specification sheet from your financial institution.**

This authorization is to remain in full force and effect until the North Colonie Central School District and the financial institution(s) have received written notice from me of its termination in such time and in such manner as to afford the North Colonie Central School District and the financial institution(s) a reasonable opportunity to act on it.

Employee Signature _____ Date _____

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 I do not want to sign up for direct deposit. Signature: _____ Date _____