



Direct Deposit Authorization Form

Schuylerville CSD offers two options for payroll direct deposit of net earnings:

- ☐ Option 1: 100% of your paycheck deposited into your checking or savings account.
- ☐ Option 2: A portion of your paycheck is deposited into a second account (checking or savings) while the rest is deposited into your primary account (checking or savings) or issued in a check form.

Required Documentation (A or B):

A. Voided Check – must have the account holder name, address, routing number and account number preprinted on the check.

B. Bank Form Letter on official letterhead – must have the account holder name, address, routing number and account number preprinted on the document.

Direct Deposit will begin approximately two weeks from the Friday after which this request has been received.

Name: _____

Address: _____
Street City State Zip

Account Information

Bank Name #1 : _____ Account Number: _____

Routing Number: _____ Account Type: Checking | Savings

****#1: All or remainder of the split from the below account will be deposited into this account.****

Bank Name #2 : _____ Account Number: _____

Routing Number: _____ Account Type: Checking | Savings

Amount to be Deposited: _____ (Dollar Amount Only)

I hereby authorize Schuylerville School District (SCSD) to deposit my net earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify that I am the account holder of the above account and account represented on supporting bank documents. I agree that information provided with this request accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. I agree not to hold the SCSD responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution.

Employee Signature

Date

For Office Use Only

Date Completed: _____ Staff Initials: _____