

UNION ENDICOTT CENTRAL SCHOOL DISTRICT

ACH DIRECT DEPOSIT AUTHORIZATION

---or CHANGE---

NAME: _____ S.S.# _____

BANK NAME: _____

BANK ROUTING NUMBER: _____

SAVINGS: _____ or CHECKING: _____ (Please attach a Voided Check)

NET: _____ OR AMOUNT: _\$ _____

ACCOUNT NUMBER: _____

EMPLOYEE SIGNATURE: _____

DATE: _____

By completing this form you are authorizing the Union Endicott Central School District to directly deposit all or a portion of your paycheck on payday to the above named bank. Please note that you must select either the savings or the checking account.

Your first paycheck will **not** be directly deposited even though the deduction will be listed on your paycheck stub with zero dollars. This first payroll is a test with the banks to ensure that everything will operate correctly with the next payroll.

If you have any questions, please contact payroll at 786-8554 ext 2224.

Please DISCONTINUE my current direct deposit to:

_____ and replace with information above.

signature

date