

Direct Deposit Authorization Agreement

Employee's Name _____ Employee # _____

Work Site _____

I hereby authorize the Syracuse City School District to begin depositing my net/partial pay directly to the account in which I have specified. In addition, I authorize the Syracuse City School District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account in which I have specified. I understand that this agreement supersedes any previous Direct Deposit Authorization on file with the SCSD Payroll Department.

This adjustment is to remain in effect until the District has received written notification from me of its termination in such time to afford the District a reasonable opportunity to act upon the cancellation.

Employee's Signature

Date

Please deposit my
ENTIRE net pay into:

Checking

Savings

At the following bank;

Bank Name

**AND
OR**

Please deposit the
following amount to:

\$ _____ (\$5.00 minimum)

Checking

Savings

At the following bank;

Bank Name

Please attach bank documentation.

Acceptable forms of documentation include:

Voided checks, printed bank letters, or printed bank specification sheets.

DEPOSIT SLIPS AND HANDWRITTEN FORMS WILL NOT BE ACCEPTED.

FOR INTERNAL USE ONLY

Entered by _____

Reviewed by _____