# Sachem Central School District

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

**A *Void Check* or *Deposit Slip* must accompany this form**.

Please note: Allow six weeks or three bi-weekly paychecks for your direct deposit to take effect. All routing numbers, account numbers and financial information must be verified.

IF YOU ALREADY HAVE DIRECT DEPOSIT AND THIS IS A CHANGE TO YOUR FINANCIAL INSTITUTION: Direct Deposit will be suspended and you will receive a regular paycheck, while all new financial information is verified.

*Notify the Payroll Department immediately if you close the account to which you authorize direct deposit. Failure to notify us will result in paycheck delays.*

**Employee Name**_____ **Social Security No.** _____

I authorize Sachem Central School District to directly deposit my entire net paycheck to the bank account number specified below, each pay day. This will remain in force until I have given the Payroll Department written notification that I wish to terminate this request, or until the school district has notified me that it has terminated direct deposit service.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR: By signing this form, the employee and joint tenant, if any, each consent to allow the Sachem CSD, through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account in error or by mistake. This means of recovery shall not prevent the Sachem CSD from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled. This authorization is to remain in full force and effect until the Sachem CSD has received written notification from me of its termination in such time and manner as to afford Sachem CSD and the Bank a reasonable opportunity to act upon it.

_____ _____

Employee Signature Date

**TO BE COMPLETED BY YOUR FINANCIAL INSTITUTION**

Name and Address of Financial Institution: _____

_____

_____

Financial Institution Routing Number: _____

Employee's Account Number: _____ _____

Checking Savings

FINANCIAL INSTITUTION CERTIFICATION: I confirm the identity of the above employee and joint tenant, if any, and the account number and title. As representative of the above financial institution, I certify that, as a member of the NYACH, this financial institution agrees to receive and deposit the salary to the account shown above in accordance with Part 102 of the New York State Comptroller's Rules and Regulations and to be bound by such rules. Furthermore, salary credited to the above account will be available to the depositor on pay day.

_____ _____ _____

Print Name of Bank Representative Signature of Bank Representative Telephone Number

07/21/2011