Sewanhaka Central High School District

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

TO BE COMPLETED BY EMPLOYEE

1. Employee Name	2. Social Security Number __ __
3. Building Location (Circle one) ELM FPM HFC NHP SHS ADM OTHER	

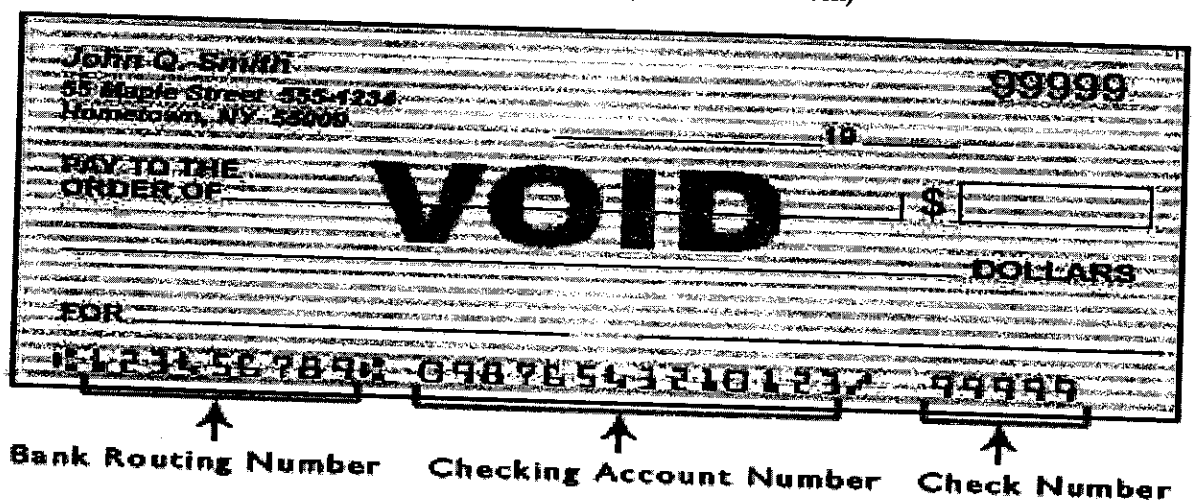
I authorize the District each payday to deposit my entire paycheck directly to the bank account below. This directive will remain in force until I have given the District written notification that I have terminated it or until the District has notified me that it has terminated this deposit service. I understand I must give the District enough advance notice to give it reasonable time to act upon my instructions.

4. Please deposit my entire pay into: _____
(Name of Bank)

5. Checking Account No.: _____ or Savings Account No. _____

6. ABA Routing #: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ (See sample below)

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR: By signing this form, the employee and joint tenant, if any, each consent to allow the Sewanhaka CHSD, 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 Sewanhaka CHSD 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 Sewanhaka CHSD has received written notification from me of its termination in such time and manner as to afford Sewanhaka CHSD and the Bank a reasonable opportunity to act upon it.

7. Employee Signature	8. Date

(Please attach a copy of a voided check)