## **Employee Direct Deposit Enrollment Form**

## Company Name: Schalmont Central School District

To enroll in Full Service Direct Deposit, simply fill out this form and return it to the Payroll Office. Attach a voided check for each checking account - NOT a deposit slip. If depositing to a savings account, ask your Bank to give you the Routing/Transit Number for your account. It isn't always the same number as the number on the savings deposit slip. This will help ensure that you are paid correctly.

## IMPORTANT!! PLEASE READ AND SIGN BEFORE COMPLETING AND SUMBITTING

I hereby authorize the Schalmont Central School District (hereinafter, "District") to deposit any amounts owed me, by initiating credit entries to my account at the financial institution (hereinafter, "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by the District to my account. In the event that the District deposits funds erroneously into my account, I authorize the District to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until the District and Bank have received written notice from me of its termination in such time and in such manor as to afford the District and Bank reasonable opportunity to act on it.

**SS#** 

Date:

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En	nployee Name:
En	nployee Signature:
<u>A(</u>	CCOUNT INFORMATION
Ma	ou may choose up to (2) Direct Deposits and have any remaining amount disbursed by payroll check. ake sure to indicate what kind of account, along with amount to be deposited, if less than your total net ycheck.
1.	Bank Name/City/State:
	Routing/Transit #: Account #:
	Checking ( ) Savings ( ) Other ( ) I wish to deposit% or \$ or Entire Net Amt
2.	Bank Name/City/State:
	Routing/Transit #: Account #:
	Checking ( ) Savings ( ) Other ( ) I wish to deposit% or \$ or Entire Net Amt

Only one percentage may be used. If you choose a second disbursement, it must be a dollar amount.