

DIRECT DEPOSIT AUTHORIZATION AGREEMENT



Company Name: Canastota Central School District

Company I.D. Number: 15-6002148

I hereby authorize Canastota Central School District hereinafter called Company to make payment of any NET PAY owing me for Direct Deposit of Payroll to the Bank(s) indicated below, hereinafter called Bank and authorize Bank to credit such amounts to my: **PERM STAFF WILL BE REQUIRED TO USE ONLY CANASTOTA WORK EMAIL ADDRESS.**

Indicate Name of Financial Institution & Type of Account:

1. Name of institution: _____ Routing # _____
 ___ Checking Account # _____ \$ or % to be deposited _____
 ___ Savings Account # _____ \$ or % to be deposited _____

2. Name of institution: _____ Routing # _____
 ___ Checking Account # _____ \$ or % to be deposited _____
 ___ Savings Account # _____ \$ or % to be deposited _____

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the employee and each joint tenant, if any, each consent to allow The Company, through a 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 Company 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 effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

Name (print)	Name Joint Account (print)
Signature _____	Signature _____
Date _____	Date _____

ATTACH Your Voided Check or Direct Deposit Letter from your bank to this Form PLEASE

Submit a voided check **or** a letter from your financial institution for our processing and verification. Send authorization agreement with voided check or letter to: **Canastota Central School, District Office, 120 Roberts St, Canastota, NY 13032***

EMAIL ADDRESS REQUIRED FOR DIRECT DEPOSIT STUB: _____