**Averill Park Central School District**

**Direct Deposit Authorization**

I hereby authorize the Averill Park Central School District to initiate a direct deposit of any net pay owed to me to the financial institution(s) listed below:

Account 1

Financial Institution: ❑ Checking ❑ Savings

Routing Number: Account Number:

Percentage: % OR Amount: $

Account 2

Financial Institution: ❑ Checking ❑ Savings

Routing Number: Account Number:

Percentage: % OR Amount: $

Please submit a **voided check** for verification and processing.

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

Please make the following changes to an existing direct deposit:

 Financial Institution:

❑ Change % ❑ Change amount $ ❑ STOP direct deposit

 Financial Institution:

❑ Change % ❑ Change amount $ ❑ STOP direct deposit

\* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \* \*

Please supply your e-mail address below to receive your direct deposit electronically **\*REQUIRED\***:

(Pay stubs will no longer be mailed and/or sent to buildings)

\*\*

 - Enter email address above -

|  |  |
| --- | --- |
| \*Signature | Date |
| Name (Print) |  |

Authorization of recovery of funds deposited in error:

*\*By signing this form, the employee also consents to allow the District, through the financial institution, to debit the account, upon notice to the employee, in order to recover any payment that the employee was not entitled to, which was deposited to the account in error. This means of recovery shall not prevent the District from utilizing any other lawful to means to retrieve payments that the employee was not entitled.*