



AUTHORIZATION FOR DIRECT DEPOSIT

EMPLOYEE NAME _____
(First) (Middle Initial) (Last)

SOCIAL SECURITY NUMBER _____ - _____ - _____

I hereby authorize the City School District of Albany to deposit net funds owed to me for direct deposit to the bank(s) and/or credit union(s) indicated below and authorize this bank(s) to credit such amounts as instructed below:

BANK # ONE

Check ONLY One: Checking Account (OR) Savings Account

BANK NAME _____ Amount \$ _____ (OR) Percent _____ %*

ACCOUNT # _____ TRANSIT (ABA) # _____

BANK # TWO ; COMPLETE BELOW (OR) CHECK HERE FOR NET BALANCE IN REGULAR CHECK
(OR) LEAVE CURRENT DIRECT DEPOSIT IN PLACE

Check ONLY One: Checking Account (OR) Savings Account

BANK NAME _____ Amount \$ _____ (OR) Percent _____ %*

ACCOUNT # _____ TRANSIT (ABA) # _____

NOTE: PERCENT MUST EQUAL 100 (EXAMPLE: BANK ONE, 50% + BANK TWO, 50% = 100%)

IF SELECTING DOLLAR AMOUNT FOR BANK ONE AND THE BALANCE TO BE SENT TO BANK TWO, COMPLETE AS (BANK ONE INDICATE AMOUNT, THEN BANK TWO; ON AMOUNT LINE WRITE THE WORD REMAINDER)

Please attach a copy of the following: for checking account (a voided check(s)) for savings account (pre-printed savings slip(s)) OR a memo from bank with your name, bank's ABA and your account number. The voided check, pre-printed savings slip or bank memo is needed to determine bank transit/ABA numbers and to verify your account number. Also, please be advised that the Direct Deposit authorization will not go into effect for two pays since each bank requires a one time test of the account numbers prior to implementing the process. You will receive a regular payroll check that must be cashed until the process is implemented.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the Employee and each joint account holder, if any, consent to allow the District, through the financial institution, to debit the account upon notice to the account owners, in order to recover any payment to which the Employee was not entitled which was deposited to the account in error. This means of recovery shall not prevent the District from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled. The authorization is to remain in full force and effect until the District has received written notification from me to terminate in such time and manner as to afford the District and the Bank a reasonable opportunity to act on it.

NOTE: THIS FORM WILL BE USED TO SET-UP NEW DIRECT DEPOSIT(S). IF THERE IS AN EXISTING DIRECT DEPOSIT ON FILE, IT WILL BE REPLACED BY THE ABOVE.

Employee Signature: _____ Date: _____ / _____ / _____