VOORHEESVILLE CENTRAL SCHOOL DISTRICT
Voorheesville, New York

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the Voorheesville Central School District to electronically deposit my net pay each pay period to the financial institution indicated. I understand that Voorheesville CSD acts as my agent for the purpose of remitting my net pay to the financial institution and the Voorheesville CSD assumes no further function or responsibility in connection with my account.

By signing this authorization, the employee and each joint tenant, if any, each consent to allow the Voorheesville CSD, through 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. This means of recovery shall not prevent the Voorheesville CSD from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

Voorheesville CSD cannot be held responsible for any circumstances which delay the timely deposit of funds to an employees's account.

This authorization is to remain in full force and effect until the Voorheesville CSD has received written notification from me of its termination in such time and manner as to afford the Voorheesville CSD and the financial institution a reasonable opportunity to act on it. I understand that I may modify this authorization for any reason only once per school year.

To ensure that my account is properly credited, I have attached a voided or photocopied check from my checking account.

_____ _____

Signature **Signature of Joint Tenant, (if any)**

_____ _____

Date **Date**

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Business office use: Date received: _____
Bank Code: _____
Account #: _____
Effective date: _____