SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT Scotia, New York

Employee Direct Deposit Authorization Agreement

I hereby authorize my employer, Scotia-Glenville Central School District, to deposit any amount owed me by initiating credit entries to my account at the financial institution(s) indicated below. Further, I authorize my financial institution(s) to accept and to credit any credit entries indicated by Scotia-Glenville Central School District to my account. In the event that the Scotia-Glenville Central School District deposits funds erroneously into my account, I authorize Scotia-Glenville Central School District to debit my account for an amount not to exceed the original amount of the erroneous credit.

EMPLOYEE INFORMATION

Employee Name (please print)	
Building	
Social Security Number	
CHECK ONE:	
Begin Direct Deposit of Net Pay	Change InformationCancel Direct Deposit
Bank Name	CityState
Bank Account Number	Routing #
Type: Checking Savings	
**Please attach copy of voided check or a specification sheet from your financial institution.	
This authorization is to remain in full force and effect until the Scotia-Glenville Central School District and the financial institution(s) have received written notice from me of its termination in such time and in such manner as to afford the Scotia-Glenville Central School District and the financial institution(s) a reasonable opportunity to act on it.	
Employee's Signature	Date:

Please note first check after enrollment is a "prenote/test"so a live check is issued. This ensures there are no problems between the banks. Typically, the second payroll after enrollment is direct deposit barring any issues.