



Fallsburg Central School District

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **Fallsburg Central School District** to send credit entries (and appropriate debit and credit adjustments entries), electronically or by any other commercially accepted method, to my financial institution and into my accounts listed below. This authorizes the financial institution holding the account(s) to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable US Law. Further, I agree not to hold **Fallsburg Central School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until the **Fallsburg Central School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Checking

Savings

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

Signature

Authorized Signature: _____ Date: _____

Print Name: _____

Please attached a VOIDED check and return this form to the Central Business Office, ATTENTION: Payroll.

Joe Smith 1234
1234 Anystreet Court
Anycity, AA 12345 1234

Pay to the order of _____ Dollars

Bank Anywhere

123456789 123 1234

Bank Routing Number Bank Account Number Check Number (Do not use)