



AUTHORIZATION FOR DIRECT DEPOSIT

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

SOCIAL SECURITY NUMBER _____ - _____ - _____

I hereby authorize the City School District of Albany to deposit any net pay owed me for direct deposit to the bank (or credit union) indicated below and authorize this bank to credit such amounts to my:

Check ONLY One: Checking Account or Savings Account

BANK _____

ACCOUNT NUMBER _____

ABA AND TRANSIT NUMBER _____

Please attach a copy of the following: for checking account (a voided check) for savings account (pre-printed savings slip) 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.

Employee Signature: _____

School/Building: _____

Date: _____/_____/_____