

Spencerport Central School District

Sperie	ciport central sent	or District	
DIRECT SALARY	DEPOSIT AUTI	HORIZATION F	ORM

FOR PAYROLL USE ONLY	
Input by:	
Date:	

Employee N	Name:	
	(Last)	(First) (Middle Initial)
Employee I	D	
No.:		
Option	Bank Name:	
1		
	Account No.:	Checking Savings
		<u></u>
	Deposit Amount:	\$ per pay or 100% deposit
Option	Pank Namo	
2	Bank Name:	
2	Account No.:	Checking Savings
	Account No	Checking Savings
	Deposit Amount:	\$ per pay or Balance to deposit
	эереске / шпошти	y per pay or barance to deposit
0		
Option	Bank Name:	
3		
	Account No.:	Checking Savings
	Deposit Amount:	\$ per pay or Balance to deposit
Option	Bank Name:	
4	bank rame.	
•	Account No.:	Checking Savings
	, iccount iton	Checking Savings
	Deposit Amount:	\$ per pay or Balance to deposit
		y por pay or among or support
Dloaco cho	ck hara if you wish t	o cancel your direct deposit
riease cite	tk liele ii you wisii t	Canter your direct deposit
I hereby auth	norize my employer	Spencerport Central School District, to deposit my pay into my account(s) at the above named
•		nool District is also authorized to draw drafts to adjust any over-deposit which it has caused to be
		old my bank liable for any erroneous deposits or adjustments made by the Spencerport Central
School Distri		,,,,,
THIS AUTHOR	IZATION IS TO REMAIN	N IN FULL FORCE AND EFFECT FOR THE DURATION OF MY EMPLOYMENT, OR UNTIL THE SPENCERPORT
		CEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD
THE SPENCER	PORT CENTRAL SCHOO	L DISTRICT AND BANK A REASONABLE OPPORTUNITY TO ACT ON IT.
Employee Sig	gnature	Date

Please attach a void check and return to HR or Payroll

Staple Void check here