

# Plattsburgh City School District

49 BROAD STREET  
PLATTSBURGH-NY-12901  
518-957-6000 (Office)  
518-561-6605 (FAX)  
www.plattsbsd.org

## AUTHORIZATION FOR DIRECT DEPOSIT

EMPLOYEE NAME \_\_\_\_\_  
(First) (Middle Initial) (Last)

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby authorize Plattsburgh City School District 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 a voided check.** This is needed to determine bank transit and ABA numbers and to verify your account number. A voided check is needed even if you are depositing to a saving account.

### **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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_