

Direct Deposit of Payroll Authorization Agreement

For each account you must attach the following documents: Checking: Voided Check or a statement from your bank, on bank letterhead, containing your name and account information. Savings: Savings Deposit Slip or a statement from your bank, on bank letterhead, containing your name and account information. Please select an option below. If you enroll in Direct Deposit, you must select a statement option. I would like to enroll in Direct Deposit Go Green! E-mail my Direct Deposit information to: Mail my Direct Deposit information to the address on file I do not wish to participate in Direct Deposit f you chose to enroll in Direct Deposit, please indicate what account or accounts you would like to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: Checking Savings Dollar amount to deposit: \$
Checking: Voided Check or a statement from your bank, on bank letterhead, containing your name and account information. Savings: Savings Deposit Slip or a statement from your bank, on bank letterhead, containing your name and account information. Please select an option below. If you enroll in Direct Deposit, you must select a statement option. I would like to enroll in Direct Deposit Go Green! E-mail my Direct Deposit information to: Mail my Direct Deposit information to the address on file I do not wish to participate in Direct Deposit f you chose to enroll in Direct Deposit, please indicate what account or accounts you would like to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: Checking Savings Dollar amount to deposit: \$or%
name and account information. Savings: Savings Deposit Slip or a statement from your bank, on bank letterhead, containing your name and account information. Please select an option below. If you enroll in Direct Deposit, you must select a statement option. I would like to enroll in Direct Deposit Go Green! E-mail my Direct Deposit information to: Mail my Direct Deposit information to the address on file I do not wish to participate in Direct Deposit f you chose to enroll in Direct Deposit, please indicate what account or accounts you would like to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: Checking Savings Dollar amount to deposit: \$
your name and account information. Please select an option below. If you enroll in Direct Deposit, you must select a statement option. I would like to enroll in Direct Deposit information to: Go Green! E-mail my Direct Deposit information to: Mail my Direct Deposit information to the address on file I do not wish to participate in Direct Deposit f you chose to enroll in Direct Deposit, please indicate what account or accounts you would like to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: Checking Savings Dollar amount to deposit: \$
☐ I would like to enroll in Direct Deposit ☐ Go Green! E-mail my Direct Deposit information to: ☐ Mail my Direct Deposit information to the address on file ☐ I do not wish to participate in Direct Deposit f you chose to enroll in Direct Deposit, please indicate what account or accounts you would like to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: ☐ Checking ☐ Savings Dollar amount to deposit: \$
Mail my Direct Deposit information to: Mail my Direct Deposit information to the address on file I do not wish to participate in Direct Deposit f you chose to enroll in Direct Deposit, please indicate what account or accounts you would like to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: ○ Checking ○ Savings Dollar amount to deposit: \$
f you chose to enroll in Direct Deposit, please indicate what account or accounts you would like to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: Checking Savings Dollar amount to deposit: Name of Bank: Account Number:
to have your paycheck deposited. You may choose more than one bank to send your direct leposit to as long as 100% of your check is deposited. If you need assistance, please contact the payroll department: 315.363.2550 x 7 Name of Bank: Account Number: Type of Account: Checking Savings Dollar amount to deposit: \$
Account Number: Routing Number: Type of Account: Checking Savings Dollar amount to deposit: \$
Routing Number: Type of Account: Checking Savings Dollar amount to deposit: \$
Type of Account: Checking Savings Dollar amount to deposit: \$
Dollar amount to deposit: \$
Name of Bank: Account Number:
Account Number:
Account Number:
Pouting Number:
Nouting Number.
Type of Account: Checking Savings
Dollar amount to deposit: \$%

Name of Bank:
Account Number:
Routing Number:
Type of Account: Checking Savings
Dollar amount to deposit: \$
Name of Bank:
Account Number:
Routing Number:
Type of Account: O Checking O Savings
Dollar amount to deposit: \$
I hereby authorize the Oneida City School District to make payment of any Net Pay owed to me for Direct Deposit of Payroll to the participating Bank and/or Credit Union indicated below and to authorize the bank and/or Credit Union to credit such amounts to my Checking and/or savings account. I have checked with my bank and/or credit union and they are capable of participating in Direct Deposit.
Signature:
Date: