



Greenburgh Central  
School District  
Our Children. Our Focus. Our Future.



## DIRECT DEPOSIT FORM

Employee Name \_\_\_\_\_

### COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS - PLEASE PRINT NEATLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> % of Net Pay <input type="checkbox"/> Specific Dollar Amount \$_____.00 <input type="checkbox"/> Remainder of Net Pay

Please attach a voided check for each account listed above.

### COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS - PLEASE PRINT NEATLY

Type of Account	Routing/Transit Number	Checking/Savings Account Number	Financial Institution ("Bank") Name	I wish to deposit (check one):
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> From _____% to _____% of Net Pay <input type="checkbox"/> From \$_____.00 to \$_____.00 <input type="checkbox"/> Remainder of Net Pay
<input type="checkbox"/> Checking <input type="checkbox"/> Savings				<input type="checkbox"/> From _____% to _____% of Net Pay <input type="checkbox"/> From \$_____.00 to \$_____.00 <input type="checkbox"/> Remainder of Net Pay

### EMPLOYEE CONFIRMATION STATEMENT

I hereby authorize Greenburgh Central School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account. This authority is to remain in full effect until the Greenburgh Central School District has received written notification from me of its termination.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_