

Ravena-Coeymans-Selkirk Central School District

DIRECT DEPOSIT AUTHORIZATION

New () Change () Cancel ()

Full Legal Name: _____

Social Security Number: _____

Bank Name/Branch: _____

Routing Number: _____

Account Number: _____

Checking () Savings () Other ()

(Use a separate form for checking, savings & other deposits. One must be a dollar amount.)

*****ATTACH A VOIDED CHECK HERE*****

~OR~

COMPLETE SAVINGS/OTHER ACCOUNT INFORMATION PROVIDED BY YOUR BANK

By signing this authorization, the employee and every joint tenant, if any, each consents to allow R.C.S., through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account in error or by mistake. This means of recovery shall not prevent R.C.S. from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

R.C.S. cannot be held responsible for any circumstances which delay the timely deposit of funds to an employee's account.

To ensure that my account is properly credited, I have attached a voided or photocopied check or the completed savings account information provided by my bank.

Employee Signature

Joint Tenant (if any)

(Date)

(Date)