

PINE PLAINS CENTRAL SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____ Email: _____

Last 4 SSN#: _____ Phone Extension: _____

ACTION (Check One)

ENROLL

CHANGE

I authorize the Pine Plains Central School District payroll department to automatically deposit my salary into the account(s) shown below:

EMPLOYEE SIGNATURE: _____ **DATE:** ____/____/____

Please attach a Voided Check or Account Deposit Slip. If your deposit is split between accounts, show specific amount(s) as appropriate and write "balance" in the final account where you wish the remainder to go.

Bank Routing:

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Bank Name: _____ Effective Date: _____

Checking Acct #: _____ Amount: _____

Savings Acct #: _____ Amount: _____

Bank Routing:

--	--	--	--	--	--	--	--	--

Bank Name: _____ Effective Date: _____

Checking Acct #: _____ Amount: _____

Savings Acct #: _____ Amount: _____

Staple Check or Deposit Slip:

Date Entered by Payroll Office: _____ Effective Date: _____ Initials: _____