

The Rye City School District  
Rye, New York

## Direct Deposit of Payroll Authorization Option

Please fill out and return to: **Personnel Department**

To: **Rye City School District**

I authorize you to deposit my net pay automatically to my account specified below each pay day by initiating credit entries to my account electronically or by any other commercially accepted method and I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

**Attach a voided check to this Authorization (where applicable).**

Financial Institution

Employee Name

Branch Address

Signature

City State Zip Code

Date

Checking or Savings Account

**Transit Routing Number**

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Account Number

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**PLEASE ATTACH A VOIDED CHECK**

OR

**Direct Deposit not wanted at this time**

Signature

Date