

DIRECT DEPOSIT AUTHORIZATION/CANCELLATION
MORAVIA CENTRAL SCHOOL DISTRICT
68 S. Main St., Moravia NY 13118 (315) 497-2670

Instructions: Print legibly or type. Read notes below. Sign and date. Send this form with voided check(s) or deposit slip(s) to the District Office.

Employee Name _____
 (First, MI, Last)

Employee Social Security Number _____

Bank Name _____

Bank Routing Number _____

Ref #	Account #	Account Type: Checking or Savings	Amount (\$) or "Net Pay"
1			
2			
3			
4			
5			

Notes:

- Staple a voided check to this form for EACH account
- Specify either Amount (\$) or Net Pay
- A new Direct Deposit Change Authorization form must be completed whenever a change is required. This includes stopping a direct deposit. Make changes well ahead of time.

I hereby authorize or cancel (circle one) the District to automatically direct deposit my pay as indicated above. The authorization will remain in effect until the District has received written notification from me of its termination. If funds to which I am not entitled are deposited into my account, I authorize the District to direct the bank to return said funds. If I change my account or wish to change the allocation of my funds, I will complete a new Payroll Direct Deposit Authorization Form.

 Employee Signature

 Date

<u>Office Use Only</u>	
Date Received	
Date Processed	
Date Direct Deposit Change Became Effective	
Name of Processing Clerk	