

**Please attach a voided check for checking accounts. For savings, attach a copy of the top portion of your savings account statement.
It will take at least 2 payrolls for this to take effect.**

Carmel Central School District
DIRECT DEPOSIT AUTHORIZATION FORM
Authorization Agreement for Automatic Deposits

I _____ hereby authorize the

Carmel Central School District to deposit my paycheck to my (select one)

(1) _____ checking account **or** (2) _____ savings account indicated below.

Entire Paycheck _____

Partial Paycheck _____ Partial Amount \$ _____

Employee Social Security Number _____

DEPOSITORY NAME _____
(Name of bank or credit union)

Routing No. _____ Account No. _____

CANCEL CURRENT DIRECT DEPOSIT _____ (Y/N) **

CANCELLED BANK NAME _____

This authority is to remain in force and effect until the **Carmel Central School District** has received written notification from me of its termination at such time and in such manner as to afford the **District** and the Bank a reasonable opportunity to act on it.

DATE: _____ SIGNATURE _____

**** Note that when cancelling current and starting new direct deposit, the first time for the new account will be a “live” check.
Please attach a voided check for checking accounts.
For savings accounts, please attach top portion of statement.
Please note deposit slips are not acceptable.**