

Marcellus Central School District

Direct Deposit Authorization Form

Employee Name: _____	Social Security #: _____
Building: _____	
Bank #1	
I hereby authorize Marcellus Central Schools to deduct the following from my pay check:	
<input type="checkbox"/> _____ 100% OR <input type="checkbox"/> _____ % OR <input type="checkbox"/> \$ _____	
I hereby authorize Marcellus Central Schools deposit that amount in the following:	
Name of Bank: _____ Routing Number: _____	
Account #: _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	
Bank #2	
I hereby authorize Marcellus Central Schools to deduct the following from my pay check:	
<input type="checkbox"/> _____ 100% OR <input type="checkbox"/> _____ % OR <input type="checkbox"/> \$ _____	
I hereby authorize Marcellus Central Schools deposit that amount in the following:	
Name of Bank: _____ Routing Number: _____	
Account #: _____ <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account	

This authorization shall remain in effect until revoked by my notice to the Business Office.

Employee Signature

Date

Please Note: This will take two pay checks to take effect. A pre-notification will be processed to confirm that the information is correct and that funds will be delivered correctly to your bank. If you have any questions, please contact the Business Office at 673-6005.