

LAKE CENTRAL SCHOOL CORPORATION

Authorization for Direct Deposit - Employee Form

Employee Information:

Name _____ Social Security # _____ Date _____

This authorizes Lake Central School Corporation to send dollar amount entries electronically or by any other commercially accepted method for all **Payroll/Accounts Payable** payments, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. If monies to which I am not entitled are deposited to my account, I authorize to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing or upon termination of my employment with said.

Bank Information: Attach a voided check for each checking account

Account 1 Deposit: Full Partial _____
Amount only
Employee Bank Name: _____
Routing Number: _____
Adding: Changing: Stopping:
Checking's: Saving's: Other:
Account Number: _____

Account 2 Deposit: Full Partial _____
Amount only
Employee Bank Name: _____
Routing Number: _____
Adding: Changing: Stopping:
Checking's: Saving's: Other:
Account Number: _____

Account 3 Deposit: Full Partial _____
Amount only
Employee Bank Name: _____
Routing Number: _____
Adding: Changing: Stopping:
Checking's: Saving's: Other:
Account Number: _____

PLEASE ATTACH A VOIDED CHECK THAT WILL ENABLE US TO VERIFY YOUR BANK TRANSIT NUMBER.

(staple check here)

If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It is not always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Check Example
⑆:123456789 ⑆:0000123456 ⑆:1234
Routing number account number check number

Employee Signature

Date

IMPORTANT: This document must be signed by Employees requesting automatic deposit.

Original to Payroll Department