



DIRECT DEPOSIT ENROLLMENT FORM

To enroll for direct deposit, the employee is to fill in the information requested in Section 1 then take or mail this form to the Financial Institute where their account is held. The Financial Institute will verify the information in Section 2. The completed form may be returned to the Company identified in Section 1 by the employee or Financial Institution.

TYPE OF ENROLLMENT: NEW CHANGE CANCEL

SECTION 1 (TO BE COMPLETED BY EMPLOYEE)

| | |
|--|---|
| EMPLOYEE NAME (LAST FIRST MI) | TYPE OF ACCOUNT (Check One) <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS |
| ADDRESS | ACCOUNT NUMBER |
| CITY STATE ZIP | COMPANY NAME & ADDRESS <i>Elmira City School District</i> <i>430 W. Washington Ave</i> <i>Elmira, NY 14901</i> |
| SOCIAL SECURITY NUMBER (LAST 4 ONLY) Example XXX-XX-0000 | |
| TELEPHONE NUMBER (HOME OR CELL) | TELEPHONE NUMBER (WORK, if known) |
| I certify that I have read and understand the bottom of this form, including the authorization for recovery. In signing this form, I authorize my salary payment to be sent to the Financial Institution named below to be deposited to the designated account. I acknowledge that the origination of ACH Transactions to my account must comply with the provisions of U. S. Law. | |
| SIGNATURE | DATE |

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

| | |
|---|------------------------------|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION | 9 DIGIT ROUTING NUMBER (ABA) |
| | ACCOUNT TITLE |
| | ACCOUNT NUMBER |
| FINANCIAL INSTITUTION CERTIFICATION | |
| I confirm the information of the above named employee, account number and title is correct | |
| PRINT OR TYPE REPRESENTATIVES NAME | SIGNATURE OF REPRESENTATIVE |
| TELEPHONE NUMBER | DATE |

PLEASE READ THIS SECTION CAREFULLY

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the employee consents to allow the company, only in the event of an overpayment to the employee's account and only through the financial institution, to debit the account in order to recover any salary to which the employee was not entitled, which was deposited to the account in error or by mistake.

CANCELLATION

This agreement represented by this authorization remains in effect until canceled by the account holder. To cancel or change, the account, the account holder must complete a new enrollment form with the appropriate box marked. A cancellation or change does not become effective until received and processed by the company.

CHANGING FINANCIAL INSTITUTIONS

An account holder may change financial institutions by completing a new enrollment form with the CHANGE box indicated. All information will be verified by the new financial institution.

Please note: A change in financial institutions may require up to two-weeks for processing.