



**Elmira City School District
DIRECT DEPOSIT ENROLLMENT FORM**

**Agreement for payroll direct deposit – Return to:
ECSD Personnel Department, 430 W. Washington Ave., Elmira, NY 14901**

Type of Enrollment (Check One): ☐ NEW ☐ CHANGE ☐ CANCEL

I, _____, hereby authorize my employer, Elmira City School District, to deposit all future monies owed to me in conjunction with my employment to the following Bank(s) or Credit Union(s):

1. Bank or Credit Union Name: _____

Routing Number: _____

Account Number: _____

Type of Account (Check One): ☐ SAVINGS ☐ CHECKING PERCENTAGE/AMOUNT: _____

Employee Signature _____ Date _____

**Form must be accompanied by a cancelled/voided check, a deposit slip or account verification from the financial institution below.

Financial Institution Certification

Bank or Credit Union Name and Address: _____

Routing Number: _____ Account Number: _____

Type of Account: _____

Name of Representative: _____

Signature: _____ Date _____

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 to recover any salary to which the employee was not entitled, which was deposited to the account in error or by mistake.

CANCELLATION/ CHANGING FINANCIAL INSTITUTIONS

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. All information will need to be verified by the new financial institution. Please note: A change in financial institutions may require up to two weeks for processing.

* See other side for additional banking information

2. Bank or Credit Union Name: _____

Routing Number: _____

Account Number: _____

Type of Account (Check One): ☐ SAVINGS ☐ CHECKING PERCENTAGE/AMOUNT: _____

Employee Signature _____

Date _____

**Form must be accompanied by a cancelled/voided check, a deposit slip or account verification from the financial institution below.

Financial Institution Certification

Bank or Credit Union Name and Address: _____

Routing Number: _____

Account Number: _____

Type of Account: _____

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