

West Genesee Central School District



Authorization Agreement Electronic Transfer of Funds for Direct Deposit of Payroll

To ensure that your account(s) is properly credited, you must include the full bank routing (ABA) number along with the full account number. Also, you **MUST attach a bank document** that includes both the routing and account #'s for the account(s) indicated below. Examples: voided check, deposit slip or a bank letter.

Print Name: _____

Last four digits of SS#: _____

Bank	Bank Name: _____		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
	Bank ABA #: _____	Bank Account #: _____		
	Fixed Dollar Amount: \$ _____	<u>Or</u>	<input type="checkbox"/> 100% of Net Pay	
	Effective Payroll Date: _____			
Additional Bank/Account	Bank Name: _____		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
	Bank ABA #: _____	Bank Account #: _____		
	Fixed Dollar Amount: \$ _____	<u>Or</u>	<input type="checkbox"/> 100% of Net Pay	
	Effective Payroll Date: _____			

Additional banks and/or accounts may be used.

I hereby authorize the West Genesee Central School District to deposit my net pay directly into my bank/credit union account(s) as indicated and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my accounts(s).

In addition, I understand that it is my responsibility to inform the Payroll Department in writing of any changes including but not limited to: cancellations, account closure.

Signature: _____

Payroll Office Use Only:

Date Received: _____	Prenote Date: _____
Effective P/R Date: _____	Date entered in System: _____