

North Salem Central School District Direct Deposit of Salary Enrollment Form

Instructions: To enroll for Direct Deposit, the employee and joint account holder, if any, must read the bottom of this form and sign in Section 1 below. If you are requesting direct deposit to a "Checking Account," complete Section 1 and attach a voided personal check to Section 2. If you are requesting direct deposit to a "Savings Account," Section 2 must be completed by your financial institution.

Note: This form is a legal document and cannot be altered by the agency, employee or financial institution. If there are any changes, the employee must complete another form.

Section 1 – To be completed by the employee

Type of Transaction (check one): ☐ New ☐ Change ☐ Cancel

Name Employee

Employee Address

__ __ __--__ __--__ __ __ __
Social Security Number

of Employee's Financial Institution Name

Account Type (check one):

(Attach voided check to Section 2)

☐ Savings (Section 2 must be completed by financial institution)

Check One

☐ Deposit a fixed amount of \$_____ (may include cents, i.e. \$100.25)

☐ Deposit _____ percent of net pay (full percentages only)

☐ Deposit net pay or excess of net pay after previously selected net deposit(s)

Email address for paperless pay stub @ _____ @ _____
confirm email address for paperless pay stub

DEPOSITOR CERTIFICATION:

I certify that I have read and understand page 2 page 2 of this form, including the authorization for recover. In signing this form, I authorize my salary payment to be sent to the financial institution name above to be deposited into the designated account.

Signature

Date

Section 2 – To be completed by your financial institution if directing funds into a savings account or if a voided personal check is not attached. Your name must appear on the account.

Account Type (check one): ☐ Savings

☐ Checking (this cannot be a trust account to benefit another)

Depositor's Account Number

Bank Routing Number (ABA #)

Name & Address of Financial Institution

Please attach a voided check here.

Authorization for Recovery of Funds Deposited in Error

By signing this form, the employee and each joint tenant, if any, each consent to allow North Salem CSD, 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. This means of recovery shall not prevent North Salem CSD from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

Cancellation

The agreement represented by this authorization remains in effect until canceled by the employee. To cancel, the employee must complete a new enrollment form with a "CANCEL" transaction. A cancellation does not become effective until the North Salem payroll office is notified.

Changing Receiving Financial Institutions

An employee may change financial institutions by completing a new enrollment form with a “CHANGE” transaction at the newly selected financial institution. The enrollment will cancel the enrollment at the previous financial institution. A change in financial institution may take two payroll periods for processing of the first Direct Deposit to the new account. The employee should maintain accounts at both financial institutions until the transaction is complete, i.e., until the new financial institution receives the employee’s Direct Deposit payment. If the account at the first financial institution is not maintained, the employee may experience a delay in payment until the new authorization takes place.