



## CARMEL CENTRAL SCHOOL DISTRICT

### DIRECT DEPOSIT AUTHORIZATION FORM

Authorization Agreement for Automatic Deposits and Cancellation of Deposits

I, \_\_\_\_\_, hereby authorize the Carmel Central School District to deposit my paycheck to one of my following accounts (select one from A and one from B):

#### A

<input type="radio"/>	Checking Account
<input type="radio"/>	Savings Account

#### B

<input type="radio"/>	Entire Paycheck
<input type="radio"/>	Partial Paycheck
	Partial Amount: \$



**Checking Account:** Attach a voided check.

**Savings Account:** Attach top portion of savings account statement.

Your direct deposit will take at least two (2) payrolls to take effect. During that time, a paper check will be mailed to your home address unless you email [hr@carmelschools.org](mailto:hr@carmelschools.org) to have it delivered to your building.

Employee Social Security # (last four (4) digits):

Depository Name (Name of Bank or Credit Union):

Routing Number:

Account Number:

#### \*\*\*\*\* CANCELLATION OF DIRECT DEPOSIT \*\*\*\*\*

Cancellation of Direct Deposit		
Cancel Current Direct Deposit:	Yes	No
Cancelled Bank Name:		



**\*\* Note:** When cancelling current direct deposit and starting a new direct deposit, the first check will be a paper check and mailed to your home address unless you email [hr@carmelschools.org](mailto:hr@carmelschools.org) to have it delivered to your building.

**Checking account:** Attach a voided check  
**Savings account:** Attach top portion of savings account statement.  
Direct deposit slips are not acceptable.

This authority is to remain in force and effect until the Carmel Central School District has received written notification from me of its termination at such time and in such manner as to afford the district and the bank a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



*Cultivating Opportunities*