



MAHOPAC CENTRAL SCHOOL DISTRICT
DIRECT DEPOSIT FORM

EMPLOYEE NAME: _____

DATE: _____

LAST FOUR OF SSN: _____

ACCOUNT # 1

BANK NAME: _____

ROUTING (ABA) NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____

PERCENT OR \$ AMOUNT TO DEPOSIT: _____

ACCOUNT # 2

BANK NAME: _____

ROUTING (ABA) NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: _____

PERCENT OR \$ AMOUNT TO DEPOSIT: _____

SIGNATURE: _____

**FOR ADDED SECURITY AND ACCURACY, PLEASE ATTACH A VOIDED CHECK
OR PRINTED FORM FROM YOUR BANK THAT INCLUDES THE ROUTING (ABA)
NUMBER AND ACCOUNT NUMBER ON IT**