



## WEBUTUCK CENTRAL SCHOOL DISTRICT

194 Haight Road  
Post Office Box 405  
Amenia, NY 12501  
(845)373-4100 direct  
(845)373-4102 fax

### DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Please select:

**Begin Direct Deposit**

**Terminate Direct Deposit**

**Update Direct Deposit**

#### Employee Information

Name: \_\_\_\_\_

Building location: \_\_\_\_\_ Home telephone number: \_\_\_\_\_

#### Bank Information

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

#### Bank Account Details

Checking Account# \_\_\_\_\_ Percent% \_\_\_\_\_ or Amt\$ \_\_\_\_\_

Savings Account # \_\_\_\_\_ Percent% \_\_\_\_\_ or Amt\$ \_\_\_\_\_

Bank ABA (Transit Routing Number): \_\_\_\_\_

*(this is the 9-digit number found at the bottom left hand corner of your check or deposit slip)*

I hereby authorize Webutuck Central School District, hereinafter called the District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my account indicated below and the financial institution named below, hereinafter called financial institution, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until the District has received written notification from me of its termination in such time and manner as to afford the District and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print name: \_\_\_\_\_

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

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

#### Sign up for electronic delivery of pay stubs

Work Email Address: \_\_\_\_\_