

## Poughkeepsie City School District **Direct Deposit Enrollment Form**

## To enroll in Direct Deposit:

- 1. Fill out form below.
- 2. Attach a voided check from your checking account. (If depositing to a savings account, ask your bank to give you the Routing/Transit number for your account.)
- 3. Sign form.
- 4. Return completed form and voided check to Payroll in the business office.

Below is a sample check detailing where the information necessary to complete this form can be found.

NAME ADDRESS	0123 01-2345/678
CITY, STATE ZIP	DATE
PAY TO THE ORDER OF	
BANK NAME ADDRESS CITY, STATE ZIP	DOLLARS
FOR	
#012345678# 01234	56789D123P 0123
Routing Number Accou	unt Number
	ompleting and submitting.

## **IMPORTANT:**

Date Entered: Date "Pending":

I hereby authorize Poughkeepsie City School District (hereinafter "PCSD") to deposit any amounts owed to me by initiating credit entries to my accounts at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by PCSD to my account. In the event the PCSD deposits funds erroneously into my account, I authorize PCSD to debit my account not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until PCSD and Bank have received written notice from me of its termination in such time and in such manner as to afford PCSD and Bank reasonable opportunity to act on it.

Employee Name:	Social Security #: XXX-XX		_ Emp #:		
School:	Work Extension:	Home Phone:			
Email address for pay stubs:			_		
Employee Signature:		Date:			
Please select if applies:  ☐ I currently have direct deposit set up and w ☐ I currently have direct deposit set up and w replace the current account on file. The deposit	ould like to add the account	information below	for a split deposit. This will not		
A PRE NOTE IS REQUIRED ON ALL NEW ACCOUNTS BEFORE DIRECT DEPOSIT WILL BECOME EFFECTIVE. IT MAY TAKE 1 – 2 PAYROLLS FOR THE BANK TO CONFIRM YOUR ACCOUNT. DURING THIS TIME YOU WILL BE ISSUED A PAPER CHECK.					
Account 1 Information					
Bank Name/City/State:		Checking	g C Savings		
Routing/Transit Number:	Account Number:		Amt		
Account 2 Information		© Checking	g C Savings		
Bank Name/City/State:			C		
Routing/Transit Number:	Account Number:		Amt		
Employers must keep each original employee two years.  Business Office Use Only:	enrollment form on file as loi	ng as the employee	is using Direct Deposit and for		

PR#

Processed by: