

Direct Deposit Authorization  
Payroll Dept.  
Port Jervis City School District  
9 Thompson Street  
Port Jervis N.Y. 12771

EMPLOYEE NAME: \_\_\_\_\_  
Please print

BUILDING: \_\_\_\_\_

I hereby authorize the Port Jervis School District to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my accounts indicated below and the depository named below.

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

Bank Address \_\_\_\_\_

Transit/ABA Number \_\_\_\_\_  
(Must be 9 digits)

1<sup>st</sup> Account Number \_\_\_\_\_  
Checking or Savings \_\_\_\_\_  
Percent to be deposited (Ex. 50%) \_\_\_\_\_

2<sup>nd</sup> Account Number \_\_\_\_\_  
Checking or Savings \_\_\_\_\_  
Percent to be deposited (Ex. 50%) \_\_\_\_\_  
The total percent for account one and two must equal 100%

This authority is to remain in effect until The Port Jervis School District has received written notification from me of its termination in such time and in such a manner as to afford the Depository a reasonable opportunity to act on it.

Signature of employee \_\_\_\_\_ Date \_\_\_\_\_

**A VOIDED CHECK MUST BE ATTACHED TO THIS AUTHORIZATION**