



Port Jervis

SCHOOL DISTRICT

Central Administration – Business Office
9 Thompson Street
Port Jervis, New York 12771

Phone (845) 858-3100 X15537
Fax (845) 858-3187

Direct Deposit Authorization

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)

1st Account Number: _____

Checking or Savings: _____

Percent to be deposited (Ex. 50%): _____

2nd 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 Deposit a reasonable opportunity to act on it.

Signature of Employee: _____ Date: _____

A VOIDED CHECK MUST BE ATTACHED TO THIS AUTHORIZATION