

Direct Deposit Authorization Agreement

Morrisville-Eaton Central School District

ID# 15-6002298

I hereby authorize **Morrisville Eaton CSD**, hereinafter called Company, to make a payment of any NET PAY owing me for Direct Deposit of Payroll to the Bank indicated below, hereinafter called Bank, and authorize Bank to credit such amounts to my:

Checking Account Number: _____ Amount to be deposited: _____

Bank Name: _____

Savings Account Number: _____ Amount to be deposited: _____

Bank Name: _____

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR:

By signing this form, the employee and each joint tenant, if any, each consent to allow the Company, through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which as deposited to the account in error or by mistake. This means of recovery shall not prevent the Company from utilizing any other lawful means to retrieve salary payment to which the employee is not entitled. This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

Name (Print):	Joint Party Name (Print):
Social Security Number:	Social Security Number:
Employee Signature:	Joint Party Signature:
Date:	Date:

Staple voided check or deposit slip here

Return Authorization form to Jessica McCann, Business Office

This process may take two (2) pay cycles, after receipt of agreement, to go into effect.