SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT DIRECT DEPOSIT AUTHORIZATION

| NAME: | | |
|-------------------------|------|------|
| ADDRESS: | | |
| SOCIAL SECURITY NUMBER: | | |

I hereby authorize my employer, the Southern Cayuga Central School District, to deposit my pay to the following account(s), beginning on ______.

| BANK NAME: | | Circle one: |
|-----------------|-------------------|-------------|
| BANK ADDRESS: | | SAVINGS |
| | | or |
| ROUTING NUMBER: | | CHECKING |
| ACCOUNT NUMBER: | | |
| AMOUNT \$ | <i>or</i> NET PAY | |

| BANK NAME: | | Circle one: |
|-----------------|-------------------|-------------|
| BANK ADDRESS: | | SAVINGS |
| | | or |
| ROUTING NUMBER: | | CHECKING |
| ACCOUNT NUMBER: | | |
| AMOUNT \$ | <i>or</i> NET PAY | |

| BANK NAME: | | Circle one: |
|-----------------|-------------------|-------------|
| BANK ADDRESS: | | SAVINGS |
| | | or |
| ROUTING NUMBER: | | CHECKING |
| ACCOUNT NUMBER: | | |
| AMOUNT \$ | <i>or</i> NET PAY | |

| PLEASE CIRCLE YES OR NO: | | |
|---|-----|----|
| IS THIS A NEW DIRECT DEPOSIT? | YES | NO |
| IS THIS AN ADDED DIRECT DEPOSIT? | YES | NO |
| IS THIS A CHANGE TO AN EXISTING DIRECT DEPOSIT? | YES | NO |

SIGNATURE: _____ DATE: _____

PLEASE ATTACH A VOIDED BLANK CHECK

OR

A LETTER/STATEMENT FROM YOUR BANK WITH YOUR PRINTED ACCOUNT NUMBER SO YOUR BANK **INFORMATION CAN BE VERIFIED BY SCCS STAFF.**