

**WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT  
DIRECT DEPOSIT AUTHORIZATION**

**WE WILL DEPOSIT YOUR CHECK INTO THE ACCOUNT/S DESIGNATED BELOW**

**COMPLETE THIS FORM AND RETURN IT TO THE PAYROLL OFFICE/ADMINISTRATION BUILDING  
YOU WILL RECEIVE A PAYCHECK DURING THE PRENOTE PERIOD**

FIRST ACCOUNT  
(Check one)

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_ (IF USING 2 OR MORE ACCOUNTS)

**FOR PROPER ACCOUNT CREDITING  
ATTACH DEPOSIT SLIP OR VOIDED CHECK HERE  
(BANK TRANSIT-ROUTING NUMBER MUST BE ON DOCUMENT)**

SECOND ACCOUNT  
(Check one)

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

**FOR PROPER ACCOUNT CREDITING  
ATTACH DEPOSIT SLIP OR VOIDED CHECK HERE  
(BANK TRANSIT-ROUTING NUMBER MUST BE ON DOCUMENT)**

***I HEREBY AUTHORIZE MY EMPLOYER, WEST IRONDEQUOIT CENTRAL SCHOOL DISTRICT, TO DEPOSIT MY NET PAY INTO THE ACCOUNT/ACCOUNTS LISTED ABOVE. MY EMPLOYER IS ALSO AUTHORIZED TO REQUEST REPAYMENTS TO ADJUST ANY ERRONEOUS PAYMENT MADE TO MY ACCOUNT.***

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME