

Cohoes City School District

7 Bevan Street
Cohoes, NY 12047

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize **Cohoes City School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Cohoes City School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Cohoes City School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Cohoes City School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department

Account Information

Establish New Account :

Change Amount or Account :

Delete Account :

Name of Financial Institution:			
Routing Number:	Checking Account: <input type="checkbox"/>	Amount:	
Account Number:	Savings Account: <input type="checkbox"/>	Percentage:	

Name of Financial Institution:			
Routing Number:	Checking Account: <input type="checkbox"/>	Amount:	
Account Number:	Savings Account: <input type="checkbox"/>	Percentage:	

Name of Financial Institution:			
Routing Number:	Checking Account: <input type="checkbox"/>	Amount:	
Account Number:	Savings Account: <input type="checkbox"/>	Percentage:	

Signature

Employee's Name:	
Social Security Number:	

Employee's Signature:

Date:

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Please attach a voided check or deposit slip and return this form to the Payroll Department