

# RYE NECK UNION FREE SCHOOL DISTRICT

## BUSINESS OFFICE

### Direct Deposit Authorization

I hereby authorize Rye Neck Union Free School District to initiate direct deposit of my payroll check to my Checking Account indicated below.

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ TRANSIT/ABA NO. \_\_\_\_\_  
(From check)

This authority is to remain in full force and effect until Rye Neck has received written notification from the employee to terminate or change. Only annual adjustments will be permitted.

Date \_\_\_\_\_

Signed \_\_\_\_\_

**\*\*IMPORTANT\*\***

**PLEASE ATTACH A VOIDED CHECK FROM ABOVE CHECKING ACCOUNT**