

DIRECT DEPOSIT OF PAY

Employee's Authorization for Saranac Community Schools

I authorize you and the financial institutions listed below to deposit my pay automatically to my checking and/or savings account each payday. Adjusting entries to correct errors are also authorized. I understand that my pay stub will be e-mailed to me each payday. This will remain in effect until I have cancelled it in writing.

Employee's Signature Date

Employee's Name (please print) ID Number

Financial Institution Name Financial Institution Name

Address Address

City State Zip City State Zip

Checking Account Number Amount

Transit Routing Number

Savings Account Number Amount

Transit Routing Number
