

**Putnam Valley Central School District
146 Peekskill Hollow Road
Putnam Valley, New York 10579**

Direct Deposit Authorization Form

Employee Information:

Name: _____

Social Security #: _____

Address: _____

City: _____ State: _____ Zip: _____

Bank Information: *If attaching a check, please skip this section.*

Account Type: Checking _____ Savings _____
(Select One)

Transit #: _____ Account #: _____

**Attach a Voided Check
or Deposit Slip**

Note: The bank that is selected to receive the direct deposit must be a member of the National Automated Clearing House Association (NACHA)

I authorize the Putnam Valley Central School District to initiate credit entries and correcting debit entries, if necessary, to the bank noted above. The authority is to remain in full force until the Putnam Valley Central School District has received written notification from me of its termination. Written termination shall be received in such time as to afford the school district a reasonable opportunity to act on it.

Signed: _____ Date: _____