

NORTHPORT – EAST NORTHPORT UFSD
P.O. BOX 210
NORTHPORT, NY 11768

DIRECT DEPOSIT ENROLLMENT APPLICATION AND AUTHORIZATION FORM

SECTION 1 (TO BE COMPLETED BY EMPLOYEE)

EMPLOYEE NAME: _____ SS# _____

I authorize the district to deposit my entire NET paycheck directly to the bank account named below and to initiate (if necessary) debit entries and adjustments for any credit entries in error to my account. This autonomy will remain in force until I have given the District written notification that I have terminated it or until the District has notified me that it has terminated this deposit service. I understand I must give the District advance notice (2 pay periods) to act on my instructions.

Name of Bank _____

☐ Checking

☐ Savings (Check One)

Account# _____

Date

Employee's Signature

*****PLEASE ATTACH COPY OF VOIDED CHECK*****

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME & ADDRESS OF
FINANCIAL INSTITUTION:

ROUTING NUMBER

ACCOUNT TITLE

ACCOUNT NUMBER

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above named employee and joint tenant, if any, and the account number and title. A representative of the above named Financial institution I certify, that as a member of the NYACH this financial institution agrees to receive and deposit the salary to the account shown above in accordance with Part 102 of the New York State Comptroller's Rules and Regulations and to be bound by such rules. Furthermore, salary credit to the above account will be available to the depositor on pay day or, if later will be available (enter number) _____ days following pay day.

Representative's Name (Please Print)

Representative Signature