

**GOSHEN CENTRAL SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

(Please check one) NEW CHANGE (\$ / % / BANK) CANCEL

Employee Name: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Checking Savings

PLEASE ATTACH A VOIDED CHECK

NEW: Deposit \$ _____ or _____ % into this account each payroll
CHANGE: From \$ _____ to \$ _____ From _____ % to _____ % From _____ to <u>New bank info</u>
CANCEL: Cancel ALL direct deposits: <input type="checkbox"/> Yes <input type="checkbox"/> No (Receive check instead)
Special Instructions: _____ _____ _____ _____ _____

<p>I authorize GOSHEN CENTRAL SCHOOL DISTRICT, to deposit all payroll-related payments due to me into the designated financial institution and account, and if necessary, to initiate correcting entries, in case error transactions occur. I understand the deposits will be made electronically. I also understand that there are circumstances which may prevent my check from being deposited electronically and the District will provide me with a paycheck should such instances occur.</p> <p>Signed: _____ Date: _____</p>

*Please return this completed form to the Payroll Department for processing.
Must be received by end-of-day Friday before paycheck to be effective that pay period.
Missing/incomplete information will delay changes being made to your employee file.*