



Port Jervis

SCHOOL DISTRICT

Business Office
9 Thompson Street
Port Jervis, New York 12771
Phone (845) 858-3100 X15536
Fax (845) 858-3187

Direct Deposit Authorization

EMPLOYEE NAME: _____
Please print

BUILDING: _____

I hereby authorize the Port Jervis School District to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my accounts indicated below and the depository named below.

Bank Name _____

Bank Address _____

Transit/ABA Number
(Must be 9 digits) _____

1st Account Number
Checking or Savings _____
Percent to be deposited (Ex. 50%) _____

2nd Account Number
Checking or Savings _____
Percent to be deposited (Ex. 50%) _____
The total percent for account one and two must equal 100%

This authority is to remain in effect until The Port Jervis School District has received written notification from me of its termination in such time and in such a manner as to afford the Depository a reasonable opportunity to act on it.

Signature of employee _____ Date

A VOIDED CHECK MUST BE ATTACHED TO THIS AUTHORIZATION