



Payroll Department
124 Grand Street
Newburgh, NY 12550
(845) 563 - 3440

Direct Deposit Authorization Form

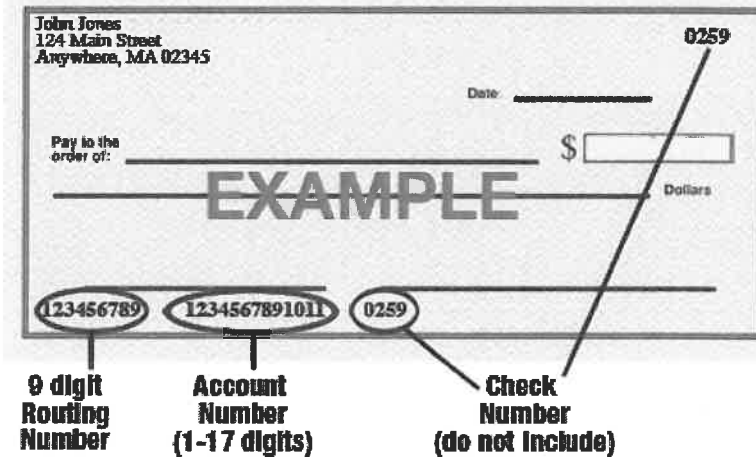
Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____

***** Attach a voided check for the bank account to which funds should be deposited**



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

Newburgh Enlarged City School District is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: _____ Date: _____