

BANK DIRECT DEPOSIT ENROLLMENT FORM

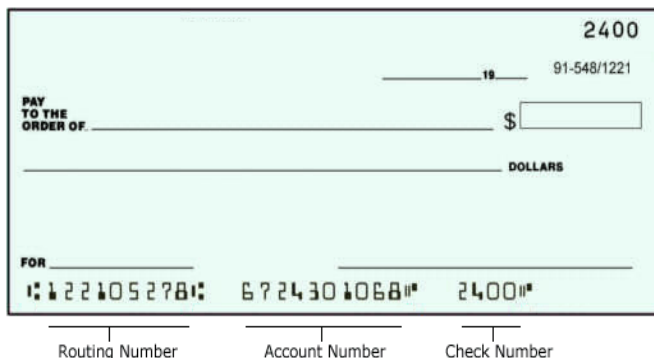
Complete and sign this form to initialize or change a direct deposit to your account.
Return the signed form with a voided check to the Business Office - Attn: Teresa Arcaro.

Establish Direct Deposit Change my existing Direct Deposit

Employee Name _____

Bank Name _____

Routing Number _____ Account Number _____



Account Type: Checking Savings

\$ _____ or \$ _____ or

Net Pay Net Pay

I authorize the Solvay Union Free School District to make deposits directly to my account indicated above, and authorize bank to accept such deposits.

Employee's Signature _____ Date _____