

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

I hereby authorize Clinton-Essex-Warren-Washington BOCES/CVES to initiate direct deposit to my account(s) designated below:

\_\_\_\_\_ I wish to have 100% of my check deposited through direct deposit. The net amount of my check, after fixed amounts indicated below, will be deposited into the "Main Direct Deposit Account".

\_\_\_\_\_ I wish to have a check issued for the net amount of my check after fixed amounts indicated below have been deducted.

Please **WRITE MAIN ACCOUNT IN THE FIRST AREA** and circle "Checking" or "Savings" for each account.

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**MAIN DIRECT DEPOSIT ACCOUNT**

BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

ABA/ROUTING NUMBER \_\_\_\_\_ (9-digit number on bottom left side)

CHECKING/ SAVINGS ACCOUNT NUMBER \_\_\_\_\_

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BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

ABA/ROUTING NUMBER \_\_\_\_\_ (9-digit number on bottom left side)

CHECKING/ SAVINGS ACCOUNT NUMBER \_\_\_\_\_ FIXED AMOUNT \_\_\_\_\_

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BANK NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

ABA/ROUTING NUMBER \_\_\_\_\_ (9-digit number on bottom left side)

CHECKING/ SAVINGS ACCOUNT NUMBER \_\_\_\_\_ FIXED AMOUNT \_\_\_\_\_

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**AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR.**

By signing this form, the employee and each joint account holder, if any, each consent to allow the District, through the financial institution, to debit the account, upon notice to the account owners in order to recover any payment to which the employee was not entitled which was deposited to the account in error. This means recovery shall not prevent the District from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled. This authorization is to remain in full force and effect until the District has received written notification from me of its termination (by filling out an "Authorization To Deactivate Direct Deposit" Form) in such time and manner as to afford the District and Bank a reasonable opportunity to act on it.

**PLEASE NOTE:** Participation in Direct Deposit is totally voluntary on the individual's part. As such, the individual shall indemnify and hold harmless the Clinton-Essex-Warren-Washington BOCES from and against any and all losses, liabilities, penalties, damages and expenses incurred by participation in the Direct Deposit of payroll. It is strongly advised that the participating individual confirm any deposits before drawing on the aforementioned account.

**I understand that it is my responsibility to inform CVES of any changes in banking information, such as a transfer of ownership by the bank, by submitting a new "Authorization Agreement For Automatic Deposits" Form.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME (Please Print)

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
EFFECTIVE DATE

**Please return completed form, along with an attached voided check to the payroll department for processing.**