

MAIL TO:  
WHITEHALL CENTRAL SCHOOL  
BUSINESS OFFICE  
PO BOX 29  
WHITEHALL, NY 12887  
(518) 499-0346, EXT. 2025

FAX TO:  
WHITEHALL CENTRAL SCHOOL  
BUSINESS OFFICE  
(518) 499-1753  
(NO COVER PAGE REQUIRED)  
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# DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: \_\_\_\_\_  
 New Agreement     Change Account     Change Amount     Cancel Agreement

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Whitehall Central School District to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until Whitehall Central School has received written notification from me of its termination in such time and in such manner as to afford Whitehall Central School and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for direct deposit of my earnings at Whitehall Central School.

Select One:     Checking Account     Savings Account

\*\*\*\*\*    Amount/Percentage: \_\_\_\_\_    \*\*\*\*\*

**Financial Institution:**

Name \_\_\_\_\_ Branch \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

 Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach: **voided check** for checking account **OR savings deposit slip** for savings accounts  
Form will not be processed without information below.

