



PLAINVIEW-OLD BETHPAGE CENTRAL SCHOOL DISTRICT

106 Washington Avenue, Plainview, New York 11803

www.pobschools.org

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL

(Please complete and return to Payroll Department)

TO: Plainview-Old Bethpage Central School District

I authorize you to deposit my net pay automatically to my account specified below each pay day by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the financial institution to return said funds by any such method, and I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

**IMPORTANT: A Voided check or Direct Deposit Authorization letter from
your bank MUST BE ATTACHED TO THIS FORM.**

Date

Financial Institution

Employee Name

Social Security #

Signature

Transit Routing Number

Account Number

Account Type (check one)

Checking

☐

Savings

☐