

DOBBS FERRY UNION FREE SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION FORM

Employee's Name: _____
(please print)

Please check off appropriate box.

Checking Account information: (Please attach a voided check from this account)

Name of Institution: _____

Branch: _____

Account Number: _____

Deposit my entire paycheck to my checking account. **Partial amount to my checking account.**

Amount: \$

Savings Account Information:

Name of Institution: _____

Branch: _____

Account Number: _____

Routing Number: _____
(Please verify information with your bank)

Deposit my entire paycheck to my savings account. **Partial amount to my savings account.**

Amount: \$

Change my current direct deposit- account number: _____
(to above account).

Please note:

The processing time for direct deposit is approximately two pay periods.
Missing information will result in delaying the process of your direct deposit.
It is the responsibility of the employee to notify the payroll department of any changes in the above information.

Employee's Signature

Date