

AUTHORIZATION FOR DIRECT DEPOSIT

Commack UFSD
P.O. Box 150
Commack, NY 11725

I hereby authorize Commack UFSD to make direct deposit of my NET PAYROLL to the Financial Institution indicated below and authorize the Financial Institution to credit such amounts to my:

Indicate type of account (check one) _____ **Checking** _____ **Savings**

Financial Institution Name _____

Branch Routing Number _____

Account Number _____

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR.

By signing this form, I authorize Commack UFSD, through the Financial Institution, to initiate credit entries to the above account. I also authorize Commack UFSD to initiate necessary debit entries/adjustment to my account in order to recover salary to which I was not entitled but was deposited to the account in error. I understand that this means of recovery shall not prevent Commack Schools from utilizing any other lawful means to recover salary payments to which I am not entitled. This authorization is to remain in full force and effect until Commack Schools has received written notification from me in such time and manner as to afford Commack Schools and the Financial Institute in a reasonable opportunity to act on it. I understand that Commack Schools cannot be responsible for problems which might occur with the electronic transfer of funds between financial institutions.

PLEASE NOTE: DIRECT DEPOSIT CHANGES WILL REQUIRE AT LEAST ONE FULL PAY PERIOD TO SUCCESSFULLY TEST THE NEW INFORMATION BEFORE WE TERMINATE THE PREVIOUS DIRECT DEPOSIT INSTRUCTIONS.

Name (print) _____

Signature _____ Date _____

PLEASE SUBMIT AND ATTACH IN THIS SPACE
YOUR VOIDED CHECK FOR CHECKING ACCOUNT
OR
DEPOSIT SLIP FOR SAVINGS ACCOUNT