



Highland Falls – Fort Montgomery Central School District  
PO Box 287  
Highland Falls, NY 10928

**NOTICE AND CONSENT FOR DIRECT DEPOSIT**

Name: \_\_\_\_\_ Building: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Methods of Payment:**

As a New York State employer, we must pay your wages by check. This does not require your approval. We may also pay your wages by direct deposit. This form of payment requires your approval. If you do not approve of payment via direct deposit, we will pay you by check. If you would like to receive your wages by direct deposit to any financial institution of your choice, please read, complete and sign below. The employee's name **must** appear on the account. A voided check or written verification from the financial institution showing the account number, routing number, and name(s) on the account must accompany this form.

**Direct Deposit Consent:**

On this day I have been notified of my payment method options. I give consent to the Highland Falls – Fort Montgomery Central School District to pay my wages through direct deposit to the financial institution/s I have selected below.

**ATTACH VOIDED CHECK/WRITTEN VERIFICATION**

**BANK OR SAVINGS ASSOCIATION #1:**

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number - Checking \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

Account Number - Checking \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

Account Number - Savings \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

Account Number - Savings \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

**BANK OR SAVINGS ASSOCIATION #2:**

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number - Checking \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

Account Number - Checking \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

Account Number - Savings \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

Account Number - Savings \_\_\_\_\_ Amount \$ \_\_\_\_\_ % \_\_\_\_\_

***PLEASE ALLOW 2 PAYROLL PERIODS FOR DIRECT DEPOSIT TO TAKE PLACE.***

I agree that this authorization will remain in effect until I provide written notification to the District terminating the direct deposit service.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CANCELLATION:**

I request **cancellation** of the direct deposit of my paycheck to: **Bank Account Number:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date