

Company Name:
Camden Central School District

Company I.D. Number:
15-6002146

I hereby authorize Camden Central School District hereinafter called Company, to make payment of any NET PAY owing me for Direct Deposit of Payroll to the bank indicated below, hereinafter called bank, and authorize Bank to credit such amounts to my:

Indicated type of account (check one) checking savings

Bank or Savings Association	
Name	Address
Branch	City Zip
Account No.	Bank Contact Phone No.

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

By signing this form, the employee and each joint tenant, if any, each consent to allow The Company, through the financial institution, to debit the account, upon notice to the account owners, in order to recover any salary to which the employee was not entitled, which was deposited to the account in error or by mistake. This means of recovery shall not prevent The Company from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled. This authorization is to remain in full force and effective until Company has received written notification from me of its termination in such time and manner as to afford Company and Bank a reasonable opportunity to act on it.

Name (print)	Name (print)
Signature Date	Signature Date
Department No.	Employee No.

Staple Your
Voided Check or MICR-Specification Sheet
Here

Submit a voided check for our processing and verification. Send authorization agreement with cancelled check or MICR sheet to: _____