

## Direct Deposit Credit Authorization

I hereby authorize Greene-Sullivan Special Education Cooperative to initiate entries to credit my account(s) indicated below at the financial institution(s) named below.

### Primary Account (Deposit Net Pay/Payroll)

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Financial Institution Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ **Type of Account**  
\_\_\_\_ Checking \_\_\_\_ Savings

### Secondary Account (Deposit \$ \_\_\_\_\_/Payroll Optional)

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Financial Institution Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ **Type of Account**  
\_\_\_\_ Checking \_\_\_\_ Savings

### Vendor Checks (Deposit Mileage/Reimbursement)

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Financial Institution Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_ **Type of Account**  
\_\_\_\_ Checking \_\_\_\_ Savings

This authority is to remain in force until Greene-Sullivan Special Education has received written notification from me of its termination in such a time and manner as to afford Greene-Sullivan Special Education a reasonable opportunity to act on it.

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Print Individual Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

All Payroll Checks and Vendor Checks will be on Direct Deposit, this is 100% participation for all staff including subs. Please fill out this form and return with your W-4 Form and attach a copy of a voided check. This form must be completed and returned before payment can be made.