



Pulaski Academy & Central School District

2 Hinman Rd, Pulaski, NY 13142
P: 315.298.5188 | F: 315-298-4390

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Pulaski Academy and Central School** to initiate automatic deposits to my account(s) at the financial institution(s) named below. I also authorize **Pulaski Academy and Central School** to make withdrawals from this(these) account(s) in the event that a credit entry is made in error.

Further, I agree not to hold **Pulaski Academy and Central School** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds to my account.

This agreement will remain in effect until **Pulaski Academy and Central School** receives a written notice of cancellation from me or my financial institution(s), or until I submit a new direct deposit form to the Payroll Department.

Primary Account Information

Name of Financial Institution: _____

Routing Number: _____ Amount: _____

Account Number: _____
Checking Savings

Additional Account Information (Maximum of 3)

Name of Financial Institution: _____

Routing Number: _____ Amount: _____

Account Number: _____
Checking Savings

Additional Account Information (Maximum of 3)

Name of Financial Institution: _____

Routing Number: _____ Amount: _____

Account Number: _____
Checking Savings

Signature

Name (Please Print): _____ SS#: _____

Authorized Signature: _____ Date: _____

Check here if you would like your direct deposit stub emailed to your Pulaski CSD email address:
(You will not receive a physical paystub if this is selected.)

****Please attach a voided check (or deposit slip if a savings account)
and return this form to the Payroll Department.****