

1500 Dayspring Ridge
Walworth NY 14568
Phone: 315-986-3521
Fax 315-986-2003
www.gananda.org



Shawn Van Scoy, Ed.D.
Superintendent of Schools
Robin Vogt
Board of Education President

DIRECT DEPOSIT AUTHORIZATION

All employees must participate in the direct deposit of their earnings.

Employee Name: _____

Address: _____

Phone: _____

(cell)

(home)

I would like my pay stub emailed to: Work email address
 To this email address _____

Name of Bank: _____

Address: _____

Routing Number: _____


Account Number: _____

Amount to deposit _____% Checking () Savings ()

Routing Number: _____

Account Number: _____

Amount to deposit _____% Checking () Savings ()

 **Signature:** _____ **Date:** _____

Please attach a voided check(s) or a letter from the bank with your routing and account number(s)