North Rose-Wolcott Central School District



Office Use Only:

Received:

11631 Salter-Colvin Road Wolcott, NY 14590

Telephone: (315) 332-7475

Pre-Note Date: _____

Fax: (315) 332-7505 www.nrwcs.org

DIRECT DEPOSIT AUTHORIZATION

Your first paycheck will be a check to cash, and then the following paychecks will be direct deposited. (You must allow time for us to electronically pre-note your deposit)

I hereby authorize the Payroll Office of North Rose-Wolcott Central School to Direct Deposit my Payroll to:

OUTING NUN				T NUMBER: of numbers)		
ease indicate	: Checking		Savings	Savings		
	Net Che	ck	Amount	\$		Cancel
DDITIONAL A	ACCOUNT INFOR	RMATION:				
AME OF FINA	ANCIAL INSTITUT	TON:				
ROUTING NUMBER: First set of numbers)			ACCOUNT NUMBER:(Second set of numbers)			
Please indicate: Checking			Savings			
	Net Che	ck	_ Amount	\$		Cancel
gnature:				_	Date:	
ease Print:	Name:					
	Address:					
	Phone:					
	Work Location:					