I hereby authorize the Rome City 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 amounts to my:

Bank Name: _____
Checking Account #: _____   **$ amount to be deposited:** _____
Routing #: _____

Bank Name: _____
Checking Account #: _____   **$ amount to be deposited:** _____
Routing #: _____

Bank Name: _____
Checking Account #: _____   **$ amount to be deposited:** _____
Routing #: _____

Bank Name: _____
Savings Account #: _____   **$ amount to be deposited:** _____
Routing #: _____

Bank Name: _____
Savings Account #: _____   **$ amount to be deposited:** _____
Routing #: _____

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.

Employee Name: (*Please Print*)		Name on Joint Account: (*Please Print*)	
Last 4 of Social Security #:		**Last 4 of Social Security:**	
Employee Signature:	**Date:**	**Employee Signature:**	**Date:**

A **voided check** for the account in which funds will be deposited **must** be attached.