

## **Notice and Consent for Direct Deposit**

### **Employer Information**

Name: **North Tonawanda City School District**

Address: **176 Walck Road, North Tonawanda, NY 14120**

Employee Work Location: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Methods of Payment**

As a New York State employer, we must pay your wages in cash or check. This does not require your approval. We may also pay your wages by direct deposit. This form of payment requires your approval. If you do not approve, we will pay you by check.

If you would like to receive your wages by direct deposit to a financial institution of your choice, please read and sign below:

### **Direct Deposit Consent:**

On this day I have been notified of my options of payment methods. I give consent to the above employer to pay my wages through Direct Deposit to a financial institution that I have selected.

Bank Name: \_\_\_\_\_

City, State: \_\_\_\_\_

Routing Transit # \_\_\_\_\_ Account Number: \_\_\_\_\_

\_\_\_\_\_ Checking

\_\_\_\_\_ Savings

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please note that the first pay after we receive your written consent will be a paper check while the notification to your financial institution is verified. The following pay will be directly deposited once verification is completed.