



OSWEGO
CITY SCHOOL DISTRICT

Education Center

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www.oswego.org

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DIRECT DEPOSIT ELECTION FORM

I hereby authorize Oswego City School District to initiate direct deposit payroll credit entries through the Automated Clearing House to the bank/credit union indicated below. Furthermore, in the event that a credit entry is made to my account in error I authorize Oswego City School District to make a correcting entry.

Bank/Credit Union Name: _____
(List only one)

Bank/Credit Union ABA #: _____
(Must be completed)

Checking/Savings Account Number: _____
Please check one: Checking Savings

If not the full net amount, please indicate the amount you wish deposited each pay period: \$ _____

Note: Please attach the following:

- A voided check for checking account
- A deposit ticket or statement indicating the account number for a savings account

I understand that my pay will not be direct deposited until a test (“prenote”) has been done on my account to verify the accuracy of the information provided.

Signature

Date

Please Print Name

Return this form to the Oswego City School District Payroll Office, Education Center
SEE INSTRUCTIONS ON REVERSE SIDE

INSTRUCTIONS

- Only one bank/credit union may be chosen
- Only one account number may be chosen
- Return completed form to the payroll office
- Allow 30 days before direct deposit starts

ABA Number: The bank ABA number and account number are listed on the bottom of your check. The ABA number is always 9 digits long and is listed between these symbols |: as per samples below. If in doubt, please contact your bank/credit union.

*123456 :	:123456789 :	123456789999 *
Check #	ABA Number	Account Number

:123456789 :	123456789999 *	2222
ABA Number	Account Number	Check #
