



Tri-Valley Central School District
 Educating Students for Success in a Changing World

34 Moore Hill Road
 Grahamsville, NY 12740

FINANCIAL INSTITUTION DIRECT DEPOSIT

Date: _____

Name: _____

SS#: _____

Phone #: _____

PLEASE DEPOSIT PAYCHECK TO THE FOLLOWING ACCOUNTS:

Deposit Amount _____ Net Check _____
 _____ \$ _____ (Indicate amount)

Financial Institution Name: _____

Type of Account:

_____ Savings Account # _____ \$ _____

_____ Checking Account # _____ \$ _____

_____ Other _____ # _____ \$ _____

_____ Other _____ # _____ \$ _____

 Signature

Please provide a voided check or bank document with routing number.

Be sure to list all accounts, including the one that you are changing. If you have more than one financial institution, list the bank name instead of the account number for existing accounts that will not change. Please submit to the Business Office.