

Authorization Agreement For Direct Deposit Payroll

I hereby authorize the SPRINGBORO COMMUNITY CITY SCHOOL DISTRICT, hereinafter called DISTRICT, to initiate electronic entries to my account(s) indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

New Hire Add Bank Change bank
 Change deposit amount only Misc (explain) _____

BANK NAME _____

CHECKING SAVINGS AMOUNT 100% (or balance after secondary deposits below)

PRIMARY ACCOUNT NUMBER _____

ROUTING/TRANSIT NUMBER _____

BANK NAME _____

CHECKING SAVINGS AMOUNT \$ _____

SECONDARY ACCOUNT NUMBER _____

ROUTING/TRANSIT NUMBER _____

BANK NAME _____

CHECKING SAVINGS AMOUNT \$ _____

SECONDARY ACCOUNT NUMBER _____

ROUTING/TRANSIT NUMBER _____

This authority is to remain in full force and effect until the DISTRICT has received written notification from me of its termination in such time and in such manner as to afford the DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it. **The first pay after this form is processed will be a live check for you to deposit while we test ALL direct deposit information.**

NAME _____ SSN _____ - _____ - _____

SIGNATURE _____ DATE ____ / ____ / ____

****Please attach VOIDED check (not a deposit slip) or take to financial institution to complete bottom portion****

TO BE COMPLETED BY THE EMPLOYEES BANK OR DEPOSITORY INSTITUTION

I certify that the above routing/transit number, and account number are valid, and we are an ACH member.

NAME _____ PHONE (____) - _____ - _____

TITLE _____ INSTITUTION _____