

# 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\*\***

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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 \_\_\_\_\_