

# DIRECT DEPOSIT YOUR PAYCHECK

(MANDATORY FOR ALL NEW EMPLOYEES)

On payday you will continue to receive from us your earnings statement, the form that lists your gross pay, deductions, and the net amount deposited in your account in electronic format via e-mail.

The authorization form is below. Please fill it out right away a return it to the treasurer's office, along with a canceled check.

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)  
COLONEL CRAWFORD LOCAL SCHOOL DISTRICT  
2303 ST. RT. 602, NORTH ROBINSON, OH 44856**

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

1. FINANCIAL INSTITUTION NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_  
\*TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
TYPE OF ACCOUNT \_\_\_CHK \_\_\_SAV \*\*AMOUNT \$\_\_\_\_\_ OR % \_\_\_\_\_
2. FINANCIAL INSTITUTION NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_  
\*TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
TYPE OF ACCOUNT \_\_\_CHK \_\_\_SAV \*\*AMOUNT \$\_\_\_\_\_ OR % \_\_\_\_\_
3. FINANCIAL INSTITUTION NAME \_\_\_\_\_  
LOCATION \_\_\_\_\_  
\*TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_  
TYPE OF ACCOUNT \_\_\_CHK \_\_\_SAV \*\*AMOUNT \$\_\_\_\_\_ OR % \_\_\_\_\_

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such a timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
(Please Print)

E-MAIL ADDRESS: \_\_\_\_\_  
(Please Print)

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

\*Nine digit number that appears on the bottom of a check or deposit slip

\*\*This is where you designate a percentage of pay or a fixed amount. Percentages and fixed amounts must add up to 100% of your net pay. You can not get partial direct deposit and partial pay check.