

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT

NEW PHILADELPHIA CITY SCHOOL DISTRICT

Check Action Requested:

_____ Add New User _____ Change Existing Information _____ Delete User

I hereby authorize the New Philadelphia City School District, hereinafter referred to as District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and for the Financial Institutions named below to credit the same to such accounts.

This authority is to remain in effect until revoked by me in writing in such timely manner as to afford the District and Financial Institution a reasonable opportunity to act on it or by termination of my employment with the District.

*Checking Account _____
Bank Routing # (9 digit number) _____ Account # _____

Savings Account _____
Bank Routing # (9 digit number) _____ Account # _____

Checking: _____ Total Pay or \$ _____ (specify amount)

Savings: _____ Total Pay or \$ _____ (specify amount)

Financial Institution (Checking Account)* City, State

***Note: For Checking Account--attach a voided check**

Financial Institution (Savings Account) City, State

Verified by Financial Institution: _____

Signature of Bank Official: _____

Title of Bank Official: _____

Employee Signature Social Security # Date

**PLEASE REMEMBER -- IF YOU CHANGE BANKS OR CLOSE THIS ACCOUNT,
YOU MUST COMPLETE A NEW DIRECT DEPOSIT AGREEMENT.**