

**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.**