

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the **Eastern Local 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 or accounts listed below.

FINANCIAL INSTITUTION NAME	*TRANSIT/ABA NO.	ACCOUNT NO.	TYPE OF ACCOUNT
1. _____	_____	_____	___CHK ___SAV
LOCATION_____	** % _____	AMOUNT _____	
2. _____	_____	_____	___CHK ___SAV
LOCATION_____	** % _____	AMOUNT _____	
3. _____	_____	_____	___CHK ___SAV
LOCATION_____	** % _____	AMOUNT _____	

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

** Designate a percentage of pay or a fixed amount. Percentages must add up to 100%. If you have questions regarding percentage or fixed amounts, please contact the DISTRICT Treasurer's Office.

Attach a voided check or copy of check for each checking account listed. If a savings account is also indicated above, please attach documentation which confirms the account number. It is critical that the above information is correct so the money will be deposited in the correct account number at the appropriate bank. If you have questions about obtaining the correct transit or account numbers, please contact your financial institution.

The direct deposit notice is sent to your school e-mail address. If you want to add an additional e-mail address, please provide the information below.

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

NAME_____ SSN _____
(Please Print)

DATE_____ SIGNATURE _____