

ELIDA LOCAL SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL

Direct deposit is mandatory for all regular hired Elida Local School District employees.

Substitute's, Summer Employee's, Athletic Worker's and non Elida employee's supplemental pays are optional. **Only fill this form out if you choose to have your pay direct deposited.**

I hereby authorize Elida Local School District to initiate electronic entries to my account(s) listed below. ***Please list specific amount or percent.**

FINANCIAL INSTITUTION NAME _____

CITY, STATE _____

* **Checking** _____ (\$ amt or %) **Routing/Transit #** _____

Account # _____

* **Savings** _____ (\$ amt or %) **Routing/Transit #** _____

Account # _____

This authority is to remain in full force and effect until Elida Local Schools has received written notification from me of its termination in such time and in such manner as to afford Elida Local Schools and Financial Institution a reasonable opportunity to act on it.

NAME _____

E-MAIL ADDRESS _____

(Payroll notices will be sent your Elida School email address as listed in the school directory. If you would like to send the notice to any additional email addresses, you may list them here.

SIGNATURE _____ **DATE** _____

PLEASE ATTACH A **VOIDED CHECK** WITH YOUR CHECKING ACCOUNT INFORMATION