

Authorization Agreement for Direct Deposit

I hereby authorize the Patrick Henry Local School District to initiate credit entries to and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

<u>Financial Institution</u>	<u>Routing & Transit #</u>	<u>Account #</u>	<u>Type of Account</u>
1. _____	_____	_____	Circle One: Checking/ Savings
Location _____	Amount: _____ %	or \$ _____	
2. _____	_____	_____	Circle One: Checking/ Savings
Location _____	Amount: _____ %	or \$ _____	
3. _____	_____	_____	Circle One: Checking/ Savings
Location _____	Amount: _____ %	or \$ _____	

The authority is to remain in full force until Patrick Henry Local School District has received written notification from me of its termination in such timely manner as to afford Patrick Henry Local School District and the financial institution a reasonable time to act on it.

Name: _____ SS# _____
Signature: _____ Date: _____

E-MAIL DIRECT DEPOSIT NOTICE

This notice will be automatically generated on Thursday of pay week to an e-mail address of your choice. It will include all of the information now included on the direct deposit form, except it will **NOT** have your social security number or your bank account numbers. It will have the bank number, but not your actual account number at that particular bank.

A plus of this feature is that you will be able to check your e-mail at home on Thursday and see what will be deposited into your account on payday.

Please complete the bottom portion of this form with up to two email addresses that you would like your notice sent to. If we do not receive this form from you, your payroll notice will be sent to your school email address. If you have questions, please call 419-274-5966. Thanks!!!

E-Mail: _____ E-Mail: _____