

Elmwood Local School District

7650 Jerry City Road
Bloomdale OH 44817

Phone: 419-655-BLUE – Fax: 419-655-3995

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT (ACH CREDIT)

EMPLOYEE NAME: _____ SSN: _____

I hereby authorize Elmwood Local School District to initiate credit entries to my account(s) as listed below:

<u>Financial Institution Name</u>	<u>Transit/Routing #</u>	<u>Account #</u>	<u>Type of Account</u>
1. _____	_____	_____	___CHK ___SAV * _____% or Amount \$ _____
2. _____	_____	_____	___CHK ___SAV * _____% or Amount \$ _____
3. _____	_____	_____	___CHK ___SAV * _____% or Amount \$ _____

The authority is to remain in full force until Elmwood Local School District has received written notification from me of its termination in such timely manner as to afford Elmwood Local School District and my financial institution(s) reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____

EMAIL ADDRESS: _____

(For electronic direct deposit notification)

*Please attach a copy of a voided check for account number verification.