

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

I hereby authorize the Defiance City Schools 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: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ AMOUNT: _____

ABA (ROUTING) NO.: _____ Acct. No.: _____

FINANCIAL INSTITUTION NAME: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ AMOUNT: _____

ABA (ROUTING) NO.: _____ Acct. No.: _____

FINANCIAL INSTITUTION NAME: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ AMOUNT: _____

ABA (ROUTING) NO.: _____ Acct. No.: _____

FINANCIAL INSTITUTION NAME: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ AMOUNT: _____

ABA (ROUTING) NO.: _____ Acct. No.: _____

FINANCIAL INSTITUTION NAME: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS _____ AMOUNT: _____

ABA (ROUTING) NO.: _____ Acct. No.: _____

If you'd like to receive your direct deposit notification electronically, replacing the paper copy you would otherwise receive, indicate here. You may designate more than one email address.

Email address #1: _____

Email address #1: _____

Email address #1: _____

The authority is to remain in full force until Defiance city Schools has received written notification from me of its termination in such timely manner as to afford Defiance City Schools and the Financial Institution a reasonable opportunity to act on it.

Name _____ SS# _____

(Please Print)

Date _____ Signature _____

PLEASE ATTACH A VOIDED CHECK AND RETURN THIS FORM TO THE BUSINESS OFFICE.
PLEASE ALSO ALLOW 1-2 PAYROLL CYCLES FOR AUTOMATIC DEPOSIT TO TAKE EFFECT.