

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYER NAME: Old Fort Local School District

I hereby authorize my EMPLOYER (named above) 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:

If you list more than one account, all percentages must total 100% and will apply to the remainder of your pay after any fixed \$ amount(s). The routing/transit/ABA number is the first 9-digit number at the bottom of your check or deposit slip.

1. Name of Financial Institution _____
\$ Amount or % _____ Circle one: Savings Checking
Routing/Transit/ABA Number _____ Account Number _____

2. Name of Financial Institution _____
\$ Amount or % _____ Circle one: Savings Checking
Routing/Transit/ABA Number _____ Account Number _____

3. Name of Financial Institution _____
\$ Amount or % _____ Circle one: Savings Checking
Routing/Transit/ABA Number _____ Account Number _____

4. Name of Financial Institution _____
\$ Amount or % _____ Circle one: Savings Checking
Routing/Transit/ABA Number _____ Account Number _____

5. Name of Financial Institution _____
\$ Amount or % _____ Circle one: Savings Checking
Routing/Transit/ABA Number _____ Account Number _____

6. Name of Financial Institution _____
\$ Amount or % _____ Circle one: Savings Checking
Routing/Transit/ABA Number _____ Account Number _____

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

EMPLOYEE NAME (print) _____ SS# _____

E-MAIL ADDRESS _____

Providing an e-mail address will allow us to electronically notify you of your direct deposit including all pay stub information. Electronic notification is as secure as your e-mail password. If you do not provide an e-mail address, you will receive printed notification of your deposit information.)

Signature _____ Date _____