ALLEN EAST LOCAL SCHOOL DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL

I (we) hereby authorize the ALLEN EAST LOCAL SCHOOL DISTRICT to initiate electronic entries to my (our):

SELECT ONE: _____ Checking

_____ Savings

indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

FINANCIAL INSTITUTION NAME_____

CITY, STATE_____

ROUTING/TRANSIT NUMBER_____

ACCOUNT NUMBER_____

This authority is to remain in full force and effect until ALLEN EAST LOCAL SCHOOL DISTRICT has received written notification from me of its termination in such time and in such manner as to afford ALLEN EAST LOCAL SCHOOL DISTRICT and the Financial Institution a reasonable opportunity to act on it.

NAME_____SS#_____

SIGNATURE_____DATE_____

A copy of a voided check or voided savings deposit slip is **required** with this form unless otherwise approved by the Treasurer or Payroll Clerk.

E-mail address to be used for e-mailing your pay stub: _____