

SUBSTITUTES ONLY:
Direct Deposit Authorization Form

The information requested on this form is required for Direct Deposit enrollment. I hereby authorize any school in Fairfield County, Ohio, for which I have elected to work for, to initiate direct deposit (credit entries) of 100% of my net earnings to the following account:

Employee Name: _____

Employee Social Security #: _____

Name of Financial Institution: _____

Routing Number of Financial Institution: _____

Account Number: _____

CHECKING SAVINGS

You must attach a voided check or printout from your bank (or online banking) verifying the above account information.

Below, please provide your email address to receive your paystub electronically:

Email Address: _____

****NOTE:** If your account information changes, you must notify us immediately to stop your direct deposit. Otherwise it could take several weeks to receive your pay back from the bank.
To change your account information, you will need to submit a new form.

Employee Signature

Date

This authorization is contingent on the employee's financial institution's participation in the Automatic Clearing House (ACH) System.

