

Paulding Exempted Village Schools
Authorization Agreement for Automatic Payroll Deposits

Employee Information

Name _____ Social Security Number _____
(as it appears on your bank account)

Address _____

City _____ State _____ Zip _____

Email Address(es) _____
(required for Direct Deposit notice – 2 addresses allowed)

Financial Institution Information

Primary Deposit to:

Account Number _____ Bank Routing Number _____

Financial Institution Name _____ Branch _____

Address _____ City _____ Phone _____

Account is a _____ Checking _____ Savings _____ Amount to Deposit \$ _____
(Enter "NET" to deposit entire check)

Secondary Deposit to:

Account Number _____ Bank Routing Number _____

Financial Institution Name _____ Branch _____

Address _____ City _____ Phone _____

Account is a _____ Checking _____ Savings _____ Amount to Deposit \$ _____

Authorization:

I hereby authorize Paulding Exempted Village Schools to deposit my payroll earnings into the account(s) listed above and if necessary, debit entries or adjustments for any deposit made in error to my (our) account. I also authorize my direct deposit notification to be e-mailed to the address(es) listed above. This authority is to remain in full force and effect until written notice from me has been received by the Treasurer's Office in such a manner as to afford reasonable time to act on it.

Date _____ Signature _____