

**SOUTH POINT LOCAL SCHOOL DISTRICT  
DIRECT DEPOSIT AUTHORIZATION FORM**

I hereby authorize, South Point Local School District, to initiate credit entries to my account indicated below for recurring payroll transactions. I understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account. This authority is to remain in full force and effect until written notification from me of its termination in such time and in such manner as to allow my employer reasonable time to act on it.

***PLEASE PRINT***

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

***ATTACH A VOIDED CHECK***

BANK NAME: \_\_\_\_\_

CHECKING ACCOUNT# \_\_\_\_\_

ROUTING TRANSIT # \_\_\_\_\_

SAVINGS ACCOUNT# \_\_\_\_\_

ROUTING TRANSIT# \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_