

***AUTHORIZED AGREEMENT FOR
DIRECT DEPOSIT***

I hereby authorize **GREENVIEW LOCAL SCHOOLS** to initiate electronic entries to my account

_____ Checking Account

_____ Savings Account (Please specify amount) \$ _____ per pay

as indicated below, and the Financial Institution named below to credit/debit the same to such account for payments, deposits or error corrections.

Financial Institutions Name: _____

Routing/Transit Number: _____

Checking Account Number: _____

Savings Account Number: _____

This authority is to remain in full force and effect until Greeneview Local Schools has received written notification from me of its termination in such time and in such manner as to afford Greeneview Local Schools and Financial Institution a reasonable opportunity to act upon it.

Direct deposit notices are now emailed to all employees the day prior to pay day. Please provide your email address below.

Email Address: _____

Name: _____
Printed

Signature: _____ Date: _____

**** Attach Voided Check Here****
(NOTE: Using Routing Number from a deposit ticket does not suffice)