



AUTHORIZATION AGREEMENT FOR
DIRECT DEPOSIT PAYROLL

***THIS IS MANDATORY – PLEASE TAKE TO YOUR BANK FOR VERIFICATION OF YOUR ROUTING NUMBER AND ACCOUNT NUMBER HAVE THEM SIGN AND DATE THE FORM.**

Or a voided check from your checking account or a letter from the bank.

I _____, hereby authorize the Northeastern Local School District, hereinafter called District, to initiate electronic entries into my account(s) indicated below, and the FINANCIAL INSTITUTION(S) named below to credit and/or debit the same to such account:

***EMAIL ADDRESS:** _____

1. FINANCIAL INSTITUTION: _____

CITY/STATE: _____ ROUTING #: _____

ACCOUNT#: _____ CHECKING ____ SAVINGS ____

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

Signed: _____ Date: _____

Employee Phone Number: _____ Social Security Number: _____