

HUBER HEIGHTS CITY SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

All new authorizations/changes in accounts **MUST** be accompanied by a voided check, or written verification from the financial institution displaying employee name, name of the financial institution, routing number, account type and account number for each account listed. Employee must be an authorized/owner/signer on the account(s) being provided.

(This form should be completed in its entirety for all changes to direct deposit amounts/accounts. Completed forms should be submitted to the Treasurer's Office.)

Section I Employee Information

(Check one) Deposit Action: New: ___ Change: ___ Stop: ___
Full Name: _____
Social Security Number: _____
Department Building: _____
E-Mail Address: _____
(In order to have direct deposit, you must provide a valid e-mail address to have your direct deposit notification e-mailed to. Regularly contracted employees should provide their district e-mail address. Others should provide a valid home e-mail address, you may have up to two email addresses listed.)
Signature: _____ Date: _____
I hereby request and authorize Huber Heights City School District to initiate credit and debit entries to my checking/savings account(s). This authority is to remain in full force and effect until the financial institution(s) and School District have received written notification from me of its termination in such time and in such manner as to afford the financial institution(s) and School District a reasonable opportunity to act on it, or until financial institution and School District have sent me ten (10) calendar days written notice of financial institution(s) and School District's termination of this agreement.

Section II Employee Bank Information

Note: You may have your paycheck deposited at up to two financial institutions. If two banks are listed, last bank specified will receive the balance of your pay.

Bank 1 Name: _____
Bank Address: (including city, state and zip code: _____

Routing Number: _____ Account Number: _____
Account Type: Checking: ___ Savings: ___ Amount to be Deposited: \$ _____

Bank 2 Name: _____
Bank Address: (including city, state and zip code: _____

Routing Number: _____ Account Number: _____
Account Type: Checking: ___ Savings: ___ Amount to be Deposited: \$ _____