



Home of the Eagles

Direct Deposit Authorization

Eastwood Local Schools

Payroll Department



Home of the Eagles

Name: _____ Social Security Number: _____

(Please print)

Please check one: ☐ Faculty/Staff ☐ Student

Voided check **REQUIRED (Deposit slips will not work)**

Actions ☐ New ☐ Change ☐ Stop ☐ Stop #1 and Add #2

Account type: ☐ Checking ☐ Savings

More than 1 account, mark \$\$\$\$ amount to be put in one and mark the other as remainder.

1. **Institution Name:** _____ **Phone #:** _____

Bank Routing Number: _____ **Account Number:** _____

Amount to be deposited to this account (AMT or %): _____ **(if all mark 100%)**

2. **Institution Name:** _____ **Phone #:** _____

Bank Routing Number: _____ **Account Number:** _____

Amount to be deposited to this account (AMT or %): _____

1. Direct deposits become effective the **SECOND PAYCHECK** after this form is received by Eastwood LSD Payroll Office.

2. When **TRANSFERRING** direct deposits between banks you will receive one "cashable check".

I authorize Eastwood Local Schools to start crediting my account(s) at the financial institution(s) listed above for the purpose of automatically depositing funds as indicated above.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date