



Ashland Independent School District

"A Tradition of Excellence"

Direct Deposit Enrollment Form

The Ashland Board of Education uses technology to simplify our employee's lives and help the environment. To achieve this goal we have **MANDATORY** Direct Deposit. Please complete the following and return.

Please type or print

Employee Name _____

Address _____

Social Security Number _____

A VOID check must be attached and all information must be completed

Financial Institution _____

Address _____

Routing Number _____

Account Number _____

Checking Savings

Signature _____ Date _____

I hereby authorize the Ashland Board of Education to initiate credit entries to my account using the information above. This authorization is to remain in full force and effect until the Ashland Board of Education has received written notification from me of its termination in such time and manner as to afford a reasonable opportunity to act on it. In the event of an error, I understand that the initiation of a debit entry to my account may be necessary to correct an erroneous credit entry. Finally, the Ashland Board of Education has my permission to provide the Depository with a copy of the authorization upon request.

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