



Employee Direct Deposit Banking Authorization Form

Employee Information Authorization

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize Lorain City Schools (hereafter "Employer") to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer to my account. To the extent permitted by law, in the event that Employer deposits funds erroneously into my account (s), I authorize Employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

Initial Request/New Form Updated Request; Change Effective: _____

Notice: All updated requests or changes to the initial form must be hand delivered to the Payroll Department.

Legal Name: _____

(please print)

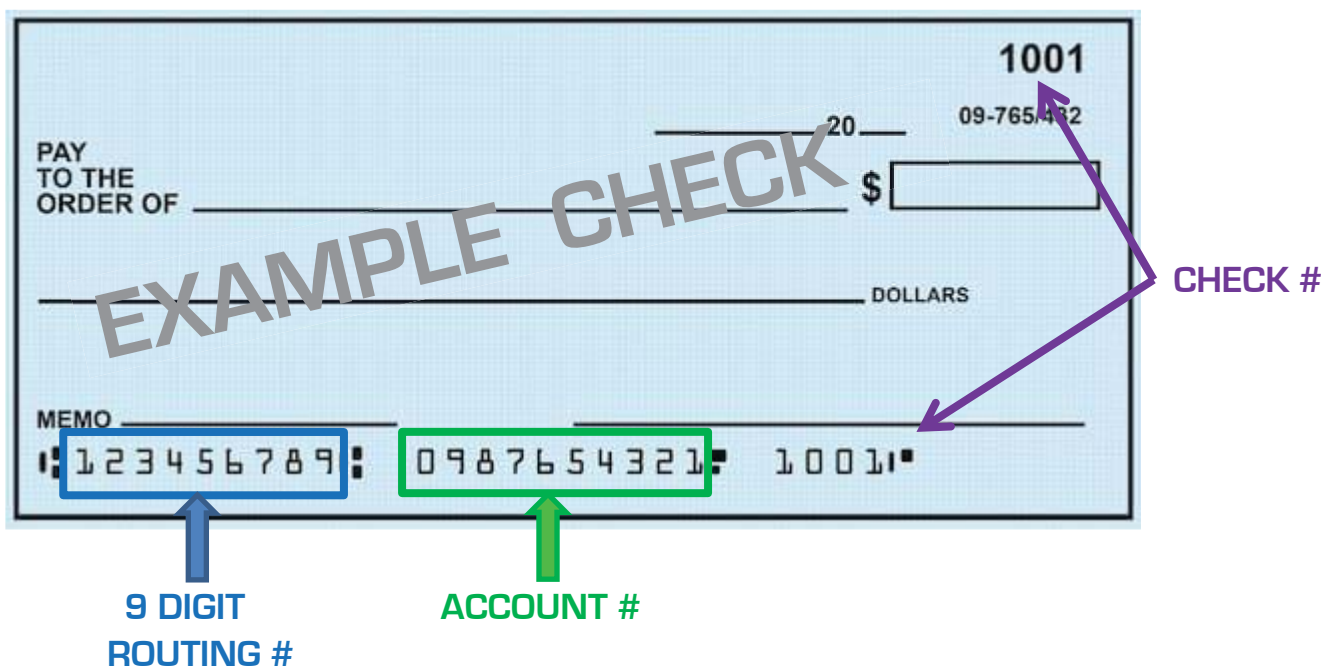
Signature: _____ Date: _____

Email Address: _____

Social Security #: XXXX-XX-____ Phone Number: _____ Building: _____

Deposit/Account Information

For a checking account, attach a voided check, **not a deposit slip**. If you don't have a check, ask your bank for the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account and the account number.



Direct Deposit Authorization Form Instructions

Bank Routing Number and Account Number: If you are uncertain of this information please contact your financial institution. You may designate deposits to as many as four distinct accounts.

Deposit Type: Select **NET**, **AMOUNT**, or **PERCENTAGE**. One bank must be indicated as **NET**. If you only have one bank, it also must be **NET**.

Account Type: This must be either a checking or savings account, no exceptions. If you are uncertain of your account type please contact your financial institution. Attach a voided check or Bank account confirmation letter for each account.

Bank Name: Name of the financial institution.

NOTICE: Deposits will be made available to your financial institution at the onset of each payday. Your financial institution is required to post the deposit on payday, but may do so at any time on that day. Questions concerning the posting or timing of your account deposits should be directed to your financial institution.

Employee Direct Deposit Banking Authorization Form

1. Deposit/Account Information

Bank Name: _____

Routing Number: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount or percentage to deposit in selected account:

\$ _____ or _____% or Full Net Amount

2. Deposit/Account Information

Bank Name: _____

Routing Number: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount or percentage to deposit in selected account:

\$ _____ or _____% or Full Net Amount

3. Deposit/Account Information

Bank Name: _____

Routing Number: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount or percentage to deposit in selected account:

\$ _____ or _____% or Full Net Amount

4. Deposit/Account Information

Bank Name: _____

Routing Number: _____ Account #: _____

Choose only one account type:

Checking Savings

Amount or percentage to deposit in selected account:

\$ _____ or _____% or Full Net Amount

Please call Payroll at 440-830-4033, 440-830-4031, or 440-830-4051 if you have any questions.

Treasurer's Office Use Only:

AP: _____; Date: _____

Payroll: _____; Date: _____