

WADSWORTH CITY SCHOOLS – TREASURER’S OFFICE

DIRECT DEPOSIT (ACH CREDITS) AND E-MAIL NOTIFICATION AUTHORIZATION AGREEMENT

| | |
|---|---|
| NAME: _____ (Please Print) | LAST 4 DIGITS OF SSN – or – EMPLOYEE ID: _____ |
| E-MAIL: _____@_____ (BY PROVIDING YOUR E-MAIL ADDRESS, YOU WILL RECEIVE YOUR DIRECT DEPOSIT NOTICE VIA E-MAIL.) | PHONE NO.: _____ |

EFFECTIVE DATE: _____ - I hereby authorize Wadsworth City Schools (Employer) to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my account listed below, not to exceed the erroneous amount. If an adjustment is necessary, I will be notified prior to modification. This form replaces any previous Authorization Agreements and they will become null and void.

| FINANCIAL INSTITUTION | ACCOUNT NO. | ROUTING NO. | <input checked="" type="checkbox"/> <i>(If checking, attach voided check)</i> | DEPOSIT (percentage or dollar amount) |
|-----------------------|-------------|-------------|--|--|
| | | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | |
| | | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | |
| | | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | |
| | | | Checking <input type="checkbox"/> Savings <input type="checkbox"/> | |

The authority will remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it. If any of the above information changes, I will promptly complete a new Authorization Agreement.

SIGNATURE: _____

DATE: _____

Update A/P: _____
 Initial / Date

Update PAYROLL: _____
 Initial / Date

**** Attach a voided check or official bank confirmation of routing and account numbers. Payment will NOT be made without one of these items. ****