



AUTOMATIC DIRECT DEPOSIT AUTHORIZATION (ACH CREDIT)

This form is to be completed by the employee for direct deposit of payroll into their financial institution. It is the employee's responsibility to provide accurate information and update the information, as needed. Print clearly and legibly.

1. Today's Date: day of ,

2. Indicate authorization type:

NEW/Initial Set-up

Account Change

3. Employee Information:

Name:

Social Security Number:

4. Type of account. Attach required documentation.

CHECKING ACCOUNT
(attach voided check below)

SAVINGS ACCOUNT
(attach savings deposit slip below)

5. Financial Institution Information:

Bank/Credit Union Name:

Routing No.: (Transit/ABA) *MUST be exactly 9 digits:*

Account No.:

I hereby authorize the Cleveland Heights-University Heights City School District (CHUH) to initiate electronic debit and credit entries to the account at the financial institution listed above. I understand that adjustment entries may be made by CHUH to correct any errors to that account as needed. This authority is to remain in full force and effect until CHUH has received written notification from the employee indicating a change/ termination in such time and manner as to afford CHUH and the financial institution at least ten (10) business days to act upon it.

I understand that this Direct Deposit will be in effect once an electronic submission test between CHUH and the financial institution verifies the accuracy of the account information provided. Until this verification is received, Direct Deposit is not yet in effect, therefore, live or "hard" checks will be used to pay the employee.

CHUH encourages and recommends that employees contact their financial institutions to confirm receipt of all deposits.

Employee Signature: _____ Date: _____

Attach VOIDED CHECK or SAVINGS DEPOSIT SLIP here

Incomplete or illegible forms will be returned to the employee and not processed until complete and legible.

Finance Dept Use ONLY:

Entered by:

Date: