



BUCKEYE LOCAL SCHOOLS AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT(S) FORM

1. Complete the required information on the back of this form.
2. *Your direct deposit form and accompanying documentation need to be received in person.* Please email us at payroll@buckeyeschools.org to schedule a time with a staff member to accept your documents.

The following is needed for verification purposes for each account and must be attached to this form. **We cannot process this request without the following:**

- ☐ **Photo ID**
 - School Photo ID
 - Valid Driver's License with Photo
 - Valid State ID with Photo
- ☐ **Checking Account:**
 - A voided check, or readable copy of a check or bank verification form. **A checking deposit slip is not acceptable.**
- ☐ **Savings Account:**
 - A personalized deposit slip or copy of statement that shows account number or bank verification form.

A few things to remember...

- Our payroll system will allow up to two (2) separate accounts for Direct Deposit. The accounts may be from the same financial institution or from different financial institutions.
- The Sub Account **must be a fixed amount**. The remainder will automatically go to the main account.
- **Changes to the fixed sub account account will be allowed ONLY ONCE PER SCHOOL YEAR.**
- If either account is closed, and the money is returned to the district, replacement of the deposits will occur within three (3) business days **after** the money is returned to the school district's payroll account. It typically takes five (5) business days for the month to be returned to the school's account.

It is important to inform the Treasurer's Office as soon as possible when any changes to either of your direct deposit account(s) occur.



BUCKEYE LOCAL SCHOOLS

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT(S) FORM

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUCKEYE IS PAPERLESS!

Your Direct Deposit notice is sent via email. Provide a PERSONAL email address below.

NO BANKING INFORMATION OR SOCIAL SECURITY NUMBER APPEARS ON THE DIRECT DEPOSIT NOTICE.

Personal Email Address: _____

I hereby authorize **Buckeye Local School District** to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the checking/savings account listed below and the depository named below, to credit and/or debit the same to such account.

MAIN ACCOUNT

☐ Checking	Financial Institution: _____	Branch/Address: _____
☐ Savings	Bank Transit No. _____	Account No.: _____

**** If you do not have a second account, please proceed to the Signature Section. ****

SUB ACCOUNT - FIXED DOLLAR AMOUNT ONLY

☐ Checking	Financial Institution: _____	Branch/Address: _____
☐ Savings	Bank Transit No. _____	Account No.: _____

Deposit Amt: \$ _____ (FIXED DOLLAR AMOUNT)

**PAYROLL DEPOSITS WILL BE DELAYED IF CHANGES IN EITHER ACCOUNT OCCURS
AND THE TREASURER'S OFFICE HAS NOT BEEN PROPERLY NOTIFIED.**

SIGNATURE AREA - REQUIRED

This authority will remain in full force and effect until my employer has received written notification from me of its termination no less than fourteen (14) days prior to the date of the next scheduled deposit.

Employee Signature: _____ Date: _____