

**VERMILION LOCAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize the Vermilion Local School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed below:

ACCOUNT #1: Financial Institution Name: _____
Type of Account: _____ CHECKING _____ SAVINGS
Routing Number: _____ (Nine digit number at the bottom of your check)
Account Number: _____
Amount to be deposited: 100% of Pay _____ or Amount \$ _____
(Choose One)

ACCOUNT #2: Financial Institution Name: _____
Type of Account: _____ CHECKING _____ SAVINGS
Routing Number: _____
Account Number: _____
Amount to be deposited: \$ _____

IMPORTANT:
A CANCELLED CHECK, OR BANK VERIFICATION FORM MUST ACCOMPANY THIS
REQUEST TO VERIFY THE ROUTING AND ACCOUNT NUMBERS
Vermilion Schools will not be held responsible for information that cannot be verified.

**Per Auditor of State Bulletin 2024-003, Vermilion Local Schools requires in-person
verification for any changes to employee direct deposit information.**

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This authority is to remain in full force until the employer has received written notification from me of its termination in such a timely manner as to afford the employer and financial institution a reasonable opportunity to act on it.

NAME: _____ SOCIAL SECURITY # XXX-XX-_____

SIGNATURE: _____ DATE: _____

EMAIL ADDRESS: _____

**Contracted employees will receive direct deposit notices
at the email address assigned by Vermilion Local School District or personal email address for
supplementals for non-certified staff.**