

BARBERTON CITY SCHOOLS

479 Norton Avenue
Barberton, Ohio 44203

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

I hereby authorize BARBERTON CITY SCHOOLS, EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

FINANCIAL INSTITUTION NAME

ROUTING NUMBER

Please select either a checking or savings account for your direct deposit.

ACCOUNT NUMBER

This account is:

_____ Checking * or

_____ Savings

***If checking account, please attach voided check.**

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.

NAME: _____
(Please Print)

SOC. SEC. NO.: _____

SIGNATURE: _____

DATE: _____

STAPLE VOIDED CHECK HERE.

*****Return completed form to the Payroll Department**