

DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Revised 02/18/2016

- 1. Fill in the name of your bank, branch, city, state and zip code
- 2. Fill in your bank transit/routing number and account number.
- 3. You can choose one or two separate bank accounts. If you list one account, your entire net pay will be deposited into that account. If you choose more than one account, indicate the amount of money from your net pay to go into each account (i.e. you instruct us to deposit \$100 to your savings account and then the balance of your net pay will go to the checking account) or indicate the percentage of your net pay to one account (i.e. 20% to savings account and then the balance will go to the checking account).
- 4. Attach a voided check for EACH account listed below. **DO NOT ATTACH DEPOSIT SLIPS--ATTACH ONLY A VOIDED CHECK!**
- 5. Sign and date this form and return to Payroll.
- 6. Please call Payroll at 830-4031 or 830-4034 if you have any questions.

A/P Initials

Initial request/new application Change effective _____

Account #1

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize the Lorain City Schools Treasurer's Office to initiate/change credit entries and to initiate/change debt entries, if necessary, and adjustments for any credit entries in error, to my account listed below and the bank named below to credit and/or debit the same to such account.

BANK NAME _____ BRANCH _____

BRANCH LOCATION (CITY) _____ TYPE OF ACCOUNT: CHECKING SAVINGS

TRANSIT/ABA # _____ ACCOUNT # _____

AMOUNT/PERCENT TO DEPOSIT: \$ _____ OR _____ %

This authority is to remain in full force and effect until the Lorain City Schools Treasurer's Office has received written notification from me of its termination in such time and in such manner as to afford the Lorain City Schools and the Bank a reasonable opportunity to act on it.

Account #2

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize the Lorain City Schools Treasurer's Office to initiate/change credit entries and to initiate/change debt entries, if necessary, and adjustments for any credit entries in error, to my account listed below and the bank named below to credit and/or debit the same to such account.

BANK NAME _____ BRANCH _____

BRANCH LOCATION (CITY) _____ TYPE OF ACCOUNT: CHECKING SAVINGS

TRANSIT/ABA # _____ ACCOUNT # _____

AMOUNT/PERCENT TO DEPOSIT: \$ BALANCE OR BALANCE %

This authority is to remain in full force and effect until the Lorain City Schools Treasurer's Office has received written notification from me of its termination in such time and in such manner as to afford the Lorain City Schools and the Bank a reasonable opportunity to act on it.

Print Name _____ Signature _____

Social Security # XXX-XX Building _____ Home Phone # _____

Email address: _____ Date: _____