

# Ottoville Local School District

## Authorization Agreement for Direct Deposit

The information requested on this form is required for enrollment in Direct Deposit. Each employee may designate up to two (2) financial institutions for their payroll deposit.

I hereby authorize the Ottoville Local School District, hereinafter called the "District" to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. All information provided with remain confidential.

1.) Financial Institution \_\_\_\_\_ Amount (% or \$) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Checking Account \_\_\_\_\_ **OR** Savings Account \_\_\_\_\_ (Check one)  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

2.) Financial Institution \_\_\_\_\_ Amount (% or \$) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Checking Account \_\_\_\_\_ **OR** Savings Account \_\_\_\_\_ (Check one)  
Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

The authorization is to remain in full force and effect until the District has received written notification from me of its termination in such time and manner as to afford the District and Financial Institution a reasonable opportunity to act on it.

Name (Please Print) \_\_\_\_\_ SSN \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Routing Number:** Nine digit number that appears on the bottom of a check. **Please attach a voided check to this form so we may verify this number.**

**Note:** Any changes regarding your account must be provided to the Treasurer's office in writing by completing a new Authorization Agreement.

Email Address: \_\_\_\_\_