

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL

I, _____, hereby authorize the Greenon Local School District, hereinafter called DISTRICT, to initiate electronic entries into my account(s) indicated below, and the FINANCIAL INSTITUTION(s) named below to credit and/or debit the same to such account(s) (A maximum of 99 different accounts):

1. FINANCIAL INSTITUTION: _____

CITY/STATE: _____ ROUTING #: _____

ACCOUNT #: _____ Checking: _____ Savings: _____

Check here if entire check or SPECIFIC DOLLAR AMOUNT: \$ _____
(Check ONE)

2. FINANCIAL INSTITUTION: _____

CITY/STATE: _____ ROUTING #: _____

ACCOUNT #: _____ Checking: _____ Savings: _____

Check here if entire check or SPECIFIC DOLLAR AMOUNT: \$ _____
(Check ONE)

3. FINANCIAL INSTITUTION: _____

CITY/STATE: _____ ROUTING #: _____

ACCOUNT #: _____ Checking: _____ Savings: _____

Check here if entire check or SPECIFIC DOLLAR AMOUNT: \$ _____
(Check ONE)

This authority is to remain in full force and effect until the DISTRICT has received written notification from me of its termination in such time and in such manner as to afford the DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Signed: _____ Date: _____

Employee Number: _____ Social Security Number: _____