

PICKERINGTON LOCAL SCHOOL DISTRICT

Direct Deposit Authorization Form

I hereby authorize the Pickerington Local Schools to initiate direct deposit (credit entries) of my individual earnings to the following account(s):

Employees Name: _____

Employee's Social Security #: _____

1. Name of Financial Institution: _____

Transit Number of Financial Institution: _____

Employee's Account Number: _____ Checking Savings

Amount (\$) or Percentage (%) to be Deposited: _____

2. Name of Financial Institution: _____

Transit Number of Financial Institution: _____

Employee's Account Number: _____ Checking Savings

Amount (\$) or Percentage (%) to be Deposited: _____

This authorization is contingent on the employee's financial institution's participation in the Automatic Clearing House (ACH) System.

Employee Signature

Please attach a voided check for each account referred to above. Deposit slips will not be accepted.