

TWINSBURG CITY SCHOOL DISTRICT

Authorization Agreement for Payroll Automatic Deposits (ACH Credits)

I hereby authorize Twinsburg City School District (TCSD) to initiate credit entries of my payroll to the following accounts.

You must attach a voided check OR a bank letter/card for each account listed for the change to occur.

Depository/Bank Information # 1

Financial Institution	Amount or % of pay	
Financial Institution Routing # (9 digits)	Bank Account #	Account Type
-----	-----	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Depository/Bank Information # 2

Financial Institution	Amount or % of pay	
Financial Institution Routing # (9 digits)	Bank Account #	Account Type
-----	-----	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Depository/Bank Information # 3

Financial Institution	Amount or % of pay	
Financial Institution Routing # (9 digits)	Bank Account #	Account Type
-----	-----	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

This authorization to remain in full force and effect until TCSD has received written notification from me of its termination in such time and manner as to afford TCSD and Depository a reasonable opportunity to act on it.

PRINT NAME _____

EMPLOYEE SIGNATURE _____ DATE _____

Note: If an overpayment occurs, you will be notified of the error and informed of how the Board plans to correct the overpayment.

RETURN TO THE TREASURER'S OFFICE Attn: Payroll

For office use only

Form received on: _____ Accompanying bank(s) documents received on: _____

Changed accounts 1st pay date: _____