

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT**

Employee's Name \_\_\_\_\_ Building/Dept. \_\_\_\_\_  
(Please Print)

I hereby authorize Warrensville Heights City School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries to my:

\_\_\_\_\_ Checking \$ \_\_\_\_\_ or % \_\_\_\_\_

\_\_\_\_\_ Savings \$ \_\_\_\_\_ or % \_\_\_\_\_

Account indicated below and the depository names below hereinafter called "depository" to credit the same to such accounts:

Name of Depository \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit ABA # \_\_\_\_\_ Account # \_\_\_\_\_

This authority is to remain in full force and effect until I am no longer employed by the Warrensville Heights City School District or until the District has received written notification from me of a change of depository and/or account number in such time and in such manner as to afford the District a reasonable opportunity to act on it.

Signed \_\_\_\_\_ Date \_\_\_\_\_

RETURN THIS FORM TO THE PAYROLL DEPARTMENT IF THE DEPOSIT IS TO BE MADE TO YOUR CHECKING ACCOUNT, PLEASE ATTACH A VOIDED CHECK. IF IT IS TO BE MADE TO A SAVINGS ACCOUNT, KINDLY GIVE US YOUR ROUTING NUMBER.