

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.