

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

The information requested on this form is required for enrollment in Direct Deposit. Each employee may designate up to three (3) depository accounts for their payroll deposit.

I hereby authorize the Licking Regional Educational Service Center hereinafter referred to as the District, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below. All information provided will remain confidential.

Please attach a voided check or letter from the financial institution verifying the routing and account numbers.

Financial Institution Name 1	Routing #	Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account: Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Deposit Amount: <input type="text"/>
Financial Institution Name 2	Routing #	Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account: Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Deposit Amount: <input type="text"/>
Financial Institution Name 3	Routing #	Account #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Account: Checking <input type="checkbox"/>	Savings <input type="checkbox"/>	Deposit Amount: <input type="text"/>

This authority is to remain in full force until the District has received written notification from me of its termination in such timely manner as to afford the District and Financial Institution a reasonable opportunity to act on it.

Name: _____ SSN: _____

Date: _____ Signature: _____

Note: Any changes regarding your account must be provided to the Treasurer's Office in writing by completing a new Authorization Agreement.