AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL

I hereby authorize the MIDDLETOWN CITY SCHOOL DISTRICT hereinafter called DISTRICT to initiate electronic entries to my banking account (s) indicated below and the financial institutions named below to credit and/or debit the same to such account (s).

NAME

SSN

All employees who are on direct deposit will now have the option of receiving verification of their direct deposit by email instead of a paper copy. The email notification does not contain any account numbers or social security numbers. You can have this email notification sent to any email address. Employees must notify the Payroll Office of any email address changes. To receive email notification please enter your email address.

(PLEASE ATTACH A VOIDED CHECK)

CHECKING ACCOUNTS

Financial Institution	Financial Institution	
City, State	City, State	
Routing/Transit Number	Routing/Transit Number	
Account Number	Account Number	
Percent Amount	Percent Amount	
(OR)	(OR)	
Dollar Amount	Dollar Amount	
	(OR)	
	Remainder of Pay	
SAVINGS ACCOUNTS		
Financial Institution	Financial Institution	
City, State	City, State	
Routing/Transit Number	Routing/Transit Number	
Account Number	Account Number	
Percent Amount	Percent Amount	
(OR)	(OR)	
Dollar Amount	Dollar Amount	
(OR)	(OR)	

This authority is to remain in full force and effect until the DISTRICT has received written notification of its termination in such time and in such manner as to afford the DISTRICT and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Remainder of Pay

SIGNATURE

Remainder of Pay

DATE

NOTE: Without a voided check you will receive a paycheck on the first pay date following the receipt of this form by the payroll office. Your information will be sent as a "pre-note" to your bank for verification of your numbers. Your pay will be direct deposited into the above account (s) on the next pay date.