

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. All new employees are required to participate in the Direct Deposit Program.

Please note: The arrangements you currently have in place at your financial institution will remain the same (i.e. Savings account transfers, loan payments, etc.) This form only changes the method of delivery of your deposit to your financial institution from hand delivery of your deposit to electronic delivery or your deposit.

I hereby authorize **The Pickaway County Educational Service Center** to initiate automatic deposits to my account at the financial institution named below. I also authorize **The Pickaway County Educational Service Center** to make withdrawals from this account in the event that a credit entry is made in error. All information provided will remain confidential.

Further, I agree not to hold **The Pickaway County Educational Service Center** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **The Pickaway County Educational Service Center** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Name of Financial Institution: _____

Routing Number:

Account Number: _____

Deposit Amount _____

Checking Savings

Name of Financial Institution: _____

Routing Number:

Account Number: _____

Deposit Amount _____

Checking Savings

Name of Financial Institution: _____

Routing Number:

Account Number: _____

Deposit Amount _____

Checking Savings

Authorized Signature (Primary): _____ Date: _____

Routing Number: 9 digit number that appears on the bottom left corner of a check. Please attach a voided check for your checking account, or savings deposit slip for your savings account, to this form so we may verify this number. NOTE: Any changes regarding your account must be provided to the Treasurers' office in writing by completing a new Authorization Agreement.