



Pickaway County Educational Service Center

Ty Ankrom, Superintendent

2050 Stoneridge Drive

Circleville, OH 43113

Kristin O'Dell, Treasurer

Phone: (740) 474-7529

Fax: (740) 474-7251

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 of your deposit.

I hereby authorize The Pickaway County Educational Service Center to initiate automatic deposits to my account(s) at the financial institutions(s) named below. I also authorize The Pickaway County Educational Service Center to make withdrawals from those accounts 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 ESC Treasurer.

Employee Name (Printed) _____

Social Security # _____

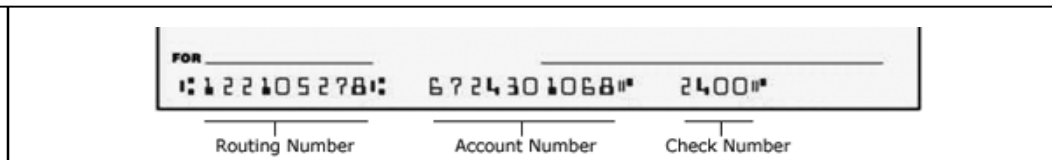
Employee Signature _____

Date _____

ACCOUNT 1	Bank Name:		Account Type	
	Address:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
Phone:				
Routing #		Account #		Amount to Deposit
				\$ _____ or <input type="checkbox"/> Full Amount
ACCOUNT 2	Bank Name:		Account Type	
	Address:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
Phone:				
Routing #		Account #		Amount to Deposit
				\$ _____
ACCOUNT 3	Bank Name:		Account Type	
	Address:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
Phone:				
Routing #		Account #		Amount to Deposit
				\$ _____

Email Address for notification of deposit _____

PLEASE PLACE VOIDED CHECK, SAVINGS DEPOSIT SLIP, OR WRITTEN ACCOUNT VERIFICATION FROM YOUR BANK HERE FOR EACH ACCOUNT LISTED ABOVE.



NOTE: Any changes regarding your account must be provided to the Treasurers' office in writing by completing a new Authorization Agreement.