

**GARAWAY LOCAL SCHOOLS
AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DIRECT DEPOSIT**

I hereby authorize Garaway Local Schools, hereinafter referred to as District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) listed below and the depository named below, hereinafter called Financial Institution, to credit same to such account(s).

Check Action Requested:

Add New User Change Existing Information Terminate User

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FINANCIAL INSTITUTION *	ROUTING # (9 digit number)	ACCOUNT #
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1. _____	_____	_____
Phone # _____		
City, State _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Total Paycheck** or \$_____ (specify amount)	

2. _____	_____	_____
Phone # _____		
City, State _____		
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ <u>Remainder of Paycheck</u>	

* Deposits can be made into any Financial Institution, including Banks, Savings & Loans, or Credit Unions.

** If you choose only one Financial Institution, the amount to be direct deposited MUST be for your Total Paycheck amount.

For checking accounts: Attach a voided check or copy of blank check.

For savings accounts: Employee must call Financial Institution to verify correct routing number and account number. Said numbers must be submitted in writing. (CAUTION: Savings deposit slip may have invalid routing number!)

**PLEASE REMEMBER IF YOU CHANGE BANKS OR CLOSE THE ACCOUNT(S),
YOU MUST COMPLETE A NEW DIRECT DEPOSIT AGREEMENT.**

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This authority is to remain in effect until revoked by me in writing in such timely manner as to afford the District and Financial Institution a reasonable opportunity to act on it or by termination of my employment with District.

Printed Employee Name

Social Security #

Employee Signature

Date