

**DIRECT DEPOSIT AUTHORIZATION FORM**

This authorization form is used for direct deposit of payroll. Employees requesting direct deposit must complete and sign the authorization form, which the payroll department keeps on file. Employees can choose deposits in up to three accounts. The accounts do not need to be in the same financial institution. Please designate the amount to be deposited in each account. One account will be the balance of your net pay.

Employees must include a voided check from their account to verify information on the authorization form. If depositing to a savings account, ask your financial institution to give you the Routing/Transit Number for your account.

**GALION CITY SCHOOLS – GALION, OHIO**  
**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)**

I hereby authorize Galion City Schools to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error made to my (our) account listed below:

<b>Account #1</b>	<b>Account #2</b>	<b>Account #3</b>
Financial Instit. _____	Financial Instit. _____	Financial Instit. _____
Location (City/State) _____	Location (City/State) _____	Location (City/State) _____
Routing/Transit/ABA # _____ (Nine digit number that appears on the bottom of the check)	Routing/Transit/ABA # _____	Routing/Transit/ABA # _____
Account # _____	Account # _____	Account # _____
Checking _____ Savings _____	Checking _____ Savings _____	Checking _____ Savings _____
Amount _____ or Balance ____	Amount _____ or Balance ____	Amount _____ or Balance ____

This direct deposit authority is to remain in full force until Galion City Schools has received written notification from me of its termination in such timely manner as to afford Galion City Schools and the financial institution a reasonable opportunity to act on it.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail Address: \_\_\_\_\_