Authorization Agreement for Direct Deposit (ACH Credits)

Whitko Community School Corporation ID Number: 024

I hereby authorize Whitko Community School Corporation, hereinafter called COMPANY, to initiate credit entries to my checking or savings account indicated below at the depository financial institution named below, hereinafter callled DEPOSITORY, and to credit the same to each account. I acknowledge that the origination of ACH transactions to my account must comply with the provision of U.S. law.

NET DEPOSIT (Primary/Majority Depsoit) ⬜ **New** ⬜ **Change** ⬜ **Remove**

⬜ **Checking Account** ⬜ **Savings Account**

Depository BANK OR FINANCIAL INSTITUTION Name:

City:	**State:**

Routing Number:	**ACCOUNT NUMBER**

SECONDARY DEDUCTION (Deposit i.e. Savings or HSA) ⬜ New ⬜ Change ⬜ Remove

Amount of Deposit:

$	

⬜ Checking Account ⬜ Savings Account

Depository Name:

Routing Number:	**ACCOUNT NUMBER**

This Authorizations is to remain in full for and effect until COMPANY has received written notification from me or its termination in such a manner as to afford COMPANY a reasonable opportunity to act on it.

Printed Name of EMPLOYEE:	**Date:**

Signature of EMPLOYEE:

Please attach a voided check or letter from Financial Institution with Direct Deposit Information when setting up new account.

FOR OFFICE USE ONLY: DATE RECEIVED_____ PAYROLL EFFECTIVE DATE_____INITIALS_____