

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE:

I (We) hereby authorize Fairborn City School District hereinafter called SCHOOL DISTRICT, to initiate credit entries to my (our) (please mark) **checking** _____ or **savings** _____ account indicated below and the INSTITUTION named below, hereinafter called INSTITUTION, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until INSTITUTION and SCHOOL DISTRICT has received written notification from me (or either of us) of its termination in such time and in such manner as to afford INSTITUTION and SCHOOL DISTRICT has sent me (or either of us) ten (10) calendar days written notice of INSTITUTION'S and SCHOOL DISTRICT'S terminations of such agreement.

Employee's Name (PRINT)

Employee's Social Security Number

Date / Employee Signature

Second Signature, if required on check

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM!

The district will e-mail your direct deposit notice. Please provide an e-mail address below:
