

New_____
Change_____
Cancel_____

## CHECKING/SAVINGS ACCOUNT

### AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

- I.** I hereby authorize Huber Heights City Schools, hereinafter called the School District to initiate credit (deposits) entries and to initiate, if necessary, debit entries and adjustments for any credit entries in errors.
- II.** This authority is to remain in full force and effective until the Financial Institution and School District have received written notification from me of its termination in such time and in such manner as to afford the Financial Institution and School District a reasonable opportunity to act on it, or until Financial Institution and School District have sent me ten (10) calendar days written notice of Financial Institution's and School District's terminations of this agreement.

\_\_\_\_\_  
Employee's Name (PRINT)

\_\_\_\_\_  
S.S.N.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

For maximum accuracy, the School District requires employee to provide a **voided check** displaying the name of the institution and the account number **or a letter from your bank** stating your account number and routing number.