

NORDONIA HILLS CITY SCHOOL DISTRICT AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Nordonia Hills City School District 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 or accounts listed below.

(Please attach a voided check for each designated institution for our reference.)

FINANCIAL INSTITUTION NAME	*TRANSIT/ABA NO.	ACCOUNT NO.	TYPE OF ACCOUNT
1			CHK SAV
LOCATION _____	**% _____	AMOUNT _____	
2			CHK SAV
LOCATION _____	**% _____	AMOUNT _____	
3			CHK SAV
LOCATION _____	**% _____	AMOUNT _____	
NAME _____	SSN _____		
(PLEASE PRINT)			
DATE _____	SIGNATURE _____		
E-MAIL _____			
(THIS IS MANDATORY)			

* Nine digit number that appears on the bottom of a check or deposit slip

** This is where you designate a percentage of pay or fixed amount.
Percentages must add up to 100%

*** It is critical that this information is correct so the money will be deposited in the correct account number at the appropriate bank. If you have questions about obtaining the correct transit or account numbers, please contact your financial institution.