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.)

BANK ROUTING NUMBER

O *Checking*
O *Savings* _____ _____

ACCOUNT NO. _____ *FIXED AMOUNT* _____

PERCENT _____

O *Checking* *BANK* ROUTING NUMBER
O *Savings* _____ _____

ACCOUNT NO. _____ *FIXED AMOUNT* _____

PERCENT _____

O *Checking* *BANK* ROUTING NUMBER
O *Savings* _____ _____

FIXED AMOUNT _____

ACCOUNT NO. _____

PERCENT _____

NAME _____ *SSN* _____
(PLEASE PRINT)

DATE _____ *SIGNATURE* _____

Employees will receive their direct deposits through the Kiosk system
Use your district e-mail to sign in to the Kiosk

**** 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 routing or account numbers, please contact your financial institution.*