

## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

EMPLOYER NAME - NORTHWESTERN LOCAL SCHOOL DISTRICT

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

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 _____

This authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford the EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: \_\_\_\_\_ S.S. NUMBER \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

SCHOOL E-MAIL ADDRESS \_\_\_\_\_

\*Nine digit number that appears on the bottom of a financial institution deposit slip.

\*\*This is where you designated a percentage or fixed amount to be automatically deposited. Percentages must add up to 100%.

You will no longer receive a paper copy of your payroll check. Your payroll information will be sent to your e-mail address above. If you have any questions regarding this, please contact the Treasurers office.

PLEASE ATTACH FINANCIAL INSTITUTION VOIDED CHECK OR COPY OF YOUR CHECK