NORTH FORK LOCAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL SERVICE

I hereby authorize the North Fork Local School District, hereinafter referred to as the DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for amounts credited in error to my account or to accounts listed below:

ACCOUNT INFORMATION

 (Up to three accounts can be serviced. See example on back. All information is CONFIDENTIAL) **You must attach a copy of a voided check or contact your financial institution for a statement with your Transit (routing) and account number**.

INFORMATION NEEDED:	ACCOUNT 1	ACCOUNT 2	ACCOUNT 3
Financial Institution Name	_____	_____	_____
Transit/ABA Number **(A)** **(9 digit number)**	_____	_____	_____
Account Number **(B)**	_____	_____	_____
Account Type: Checking (CHK) or Savings (SAV)	_____	_____	_____
Percentage of Pay **(C)**	_____%	_____%	_____%
OR	or	or	or
Fixed Amount	_____$	_____$	_____$

This authority will remain in effect until the DISTRCT has received another Authorization Agreement For Direct Deposit changing or adding account information noted above. ANY changes made by me or my bank regarding my account(s) will be provided to the Treasurer's office in writing by completing a new Authorization Agreement and filing it with the Treasurer's Office ten (10) working days prior to the effective pay date. **It is critical that you notify the payroll department immediately if your account number changes or you close your account on file.**

NAME_____ SSN_____
               (Please print)

DATE_____ SIGNATURE_____

It is critical that the above information is correct so that your pay will be deposited in the correct account number at the appropriate bank. If you have questions about obtaining the correct transit (routing) or account number(s), you can contact your financial institution. Please remember to attach a copy of a voided check or statement from your financial institution with your transit and account number. The payroll department will then examine your account information to ensure accuracy.
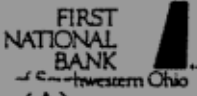
PAYROLL USE ONLY: Date form received _____ Payroll effective date_____

Verification received: VDC_____   STMT_____

EXAMPLE OF INFORMATION NEEDED

INFORMATION NEEDED:	ACCOUNT NO. 1	ACCOUNT NO. 2
Financial Institution Name	First Nat'L Bank	Peoples Bank
Institution Location	Overdone	Overdone
Transit/ABA Number (A) (9 digit number)	042200910	091168987
Account Number (B)	0010124334	03645
Account Type: (CHK) or (SAV)	CHK	SAV
Percentage Of Pay (C) **OR** Fixed Amount	"Balance" % or $ _____	_____ % or $ 200.00

CHECK:

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CHUCK A ROAST                                                    001
450 FAHRENHEIT LANE
OVERDONE, OH   00711               DATE _____


Pay to the
  Order of _____      $ _____

  _____

FIRST
NATIONAL                                    CHECKNIQUE
BANK
  Southwestern Ohio
   (A)                                      EXAMPLE OF
                                            ACCOUNT NO. 1
⑈042200910⑈ 001    0010124334⑈    INFORMATION
                        (B)

TRANSIT/ABA #   CK. #       ACCOUNT #
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In the above example an individual who has a net pay of $850 would have had $200 deposited to savings account. No. 2 with the balance, $650, deposited to account No. 1. One account must be a balance account if more than one account is used for direct deposit. If only account No. 1 was used for direct deposit then all $850 would have been credited to that account.