

Greater Clark County Schools

(A FULLY ELECTRONIC INSTITUTION)

Authorization Agreement For Direct Deposit (ACH Service)

Name	Social Security Number
------	------------------------

I hereby authorize my employer, Greater Clark County Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY"; to credit and/or debit the same to such account:

Primary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Routing/ABA Number (9 Digits)	Amount to deposit equals NET PAY.

Optional Secondary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Routing/ABA Number (9 Digits)	Amount to deposit equals fixed amount. \$ _____

This authority is to remain in full force and effect until Greater Clark County Schools has received A NEW DIRECT DEPOSIT FORM IN SUCH TIME AND IN SUCH MANNER as to afford Greater Clark County Schools and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
------	-----------

FOR EACH ABOVE NAMED

CHECKING ACCOUNT - ATTACH A VOIDED BLANK CHECK

SAVINGS ACCOUNT - ATTACH ON BANK LETTERHEAD ACCOUNT INFORMATION

Greater Clark County Schools

(A FULLY ELECTRONIC INSTITUTION)

Authorization Agreement For Direct Deposit (ACH Service)

Name	Social Security Number
------	------------------------

I hereby authorize my employer, Greater Clark County Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit error to my account(s) indicated below and the depository institution named below, hereinafter called "DEPOSITORY"; to credit and/or debit the same to such account:

Primary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Routing/ABA Number (9 Digits)	Amount to deposit equals NET PAY.

Optional Secondary Account

Depository Name (Bank)	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings Account Number _____
Routing/ABA Number (9 Digits)	Amount to deposit equals fixed amount. \$ _____

This authority is to remain in full force and effect until Greater Clark County Schools has received A NEW DIRECT DEPOSIT FORM IN SUCH TIME AND IN SUCH MANNER as to afford Greater Clark County Schools and DEPOSITORY a reasonable opportunity to act on it.

Date	Signature
------	-----------

FOR EACH ABOVE NAMED

CHECKING ACCOUNT - ATTACH A VOIDED BLANK CHECK

SAVINGS ACCOUNT - ATTACH ON BANK LETTERHEAD ACCOUNT INFORMATION