

Clearview Local Schools; Payroll Department

4700 Broadway Avenue, Lorain Ohio 44052 (440)233-5412 ext. 1007

Authorization Agreement for Automatic Payroll Deposits

NAME (Please Print): _____

I hereby authorize the Clearview Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account indicated below and the depository named below to credit and/or debit the same to such account.

This authorization is to remain in full force and effect until the Clearview Board of Education's Payroll Department has received my written notification of its termination so as to allow the Board and financial institutions reasonable opportunity to act.

SIGNATURE: _____ **DATE:** _____

Direct deposit is limited to two accounts. If two accounts are listed then one account must be a specific dollar amount (e.g. \$50.00) and the remainder of the net pay will be deposited into the second account.

Substitutes, as needed, seasonal, coaches and student employees are limited to one account.

You must attach legal proof of your account (e.g. voided check, bank statement, letter from bank). It must contain the full account number(s), full routing number(s), name of institution and account holder's name.

ACCOUNT TYPE		NEW (v)	CHANGE (v)	CANCEL (v)	NAME OF INSTITUTION	ROUTING (ABA) NUMBER	ACCOUNT NUMBER	DOLLAR AMOUNT OR NET PAY
1.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS							
2.	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS							

Please provide e-mail address(s) for direct deposit notifications: _____

Secondary e-mail address (optional): _____