

AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the Niles City School District, hereinafter referred to as District, to initiate entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to the accounts listed below.

(Print Please)

Financial Institution: _____

Type of Account: Checking Savings

Amount: _____

Account Number: _____ (found on bottom of your check)

Routing Number: _____ (found on bottom of your check)

Financial Institution: _____

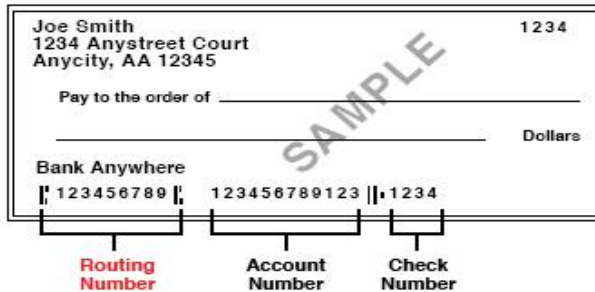
Type of Account: Checking Savings

Amount: _____

Account Number: _____ (found on bottom of your check)

Routing Number: _____ (found on bottom of your check)

PLEASE PROVIDE VOIDED CHECK



Printed Name: _____ Date: _____

Employee Signature: _____

All Niles City School Employees are Paperless Direct Deposit

Email Address: _____

(You must use your nilesmckinley.org email address)

Printed Name: _____

Employee Signature: _____

This authority is to remain in effect until the District has received proper written notification of its termination/amendment. In such timely manner as to afford the District and Financial Institution a reasonable opportunity to act on it.