

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSIT  
ZANESVILLE CITY SCHOOL DISTRICT**

Check action requested:

\_\_\_\_Add new user

\_\_\_\_Change existing information

\_\_\_\_Delete User

I hereby authorize Zanesville City School District, hereinafter referred to as DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account.

This authority is to remain in effect until revoked by me in writing in such timely manner as to afford DISTRICT and DEPOSITORY a reasonable opportunity to act on it, or by termination of my employment with my company.

\*Checking Account

\_\_\_\_\_  
Bank Routing # (9 digit number)

\_\_\_\_\_  
Account #

\*Savings Account

\_\_\_\_\_  
Bank Routing # (9 digit number)

\_\_\_\_\_  
Account #

Savings: \_\_\_\_Total Pay

Or

Checking: \_\_\_\_Total Pay

Or

#1 Account: checking ( ) savings ( )

#2 Account: checking ( ) savings ( )

\_\_\_\_\_  
specify amount

\_\_\_\_\_  
remaining balance of pay

\_\_\_\_\_  
Bank Name (checking acct)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Bank Name (savings acct)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date

\*Note: For checking accounts:

attach a voided check or a bank printout

For savings accounts:

employee must call Bank to verify correct routing numbers and account number. Said numbers must be submitted in writing. (CAUTION: Savings deposit slip may have invalid routing numbers!)

\* Email Address(es)

If you wish to have your direct deposit notification via email, you will not receive a paper copy.

PLEASE REMEMBER, IF YOU CHANGE BANKS OR CLOSE THIS ACCOUNT, YOU MUST COMPLETE A NEW DIRECT DEPOSIT AGREEMENT.