

# ASHTABULA AREA CITY SCHOOLS

## Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Account # (the second set of numbers located on bottom of check)

\_\_\_\_\_

9-Digit Routing # (the first set of numbers located on bottom left corner of check)

\_\_\_\_\_

Amount:       \$ \_\_\_\_\_       \_\_\_\_\_ %      or       Entire Paycheck

Type of Account:      Checking      Savings      (Circle One)

Name of Bank: \_\_\_\_\_

Account # (the second set of numbers located on bottom of check)

\_\_\_\_\_

9-Digit Routing # (the first set of numbers located on bottom left corner of check)

\_\_\_\_\_

Amount:       \$ \_\_\_\_\_       \_\_\_\_\_ %      or       Entire Paycheck

Type of Account:      Checking      Savings      (Circle One)

*Please attach a voided check for each bank account to which funds should be deposited.*

Ashtabula Area City Schools is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing

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

\_\_\_\_\_  
Date