

PICKERINGTON LOCAL SCHOOL DISTRICT
Direct Deposit Authorization Form

I hereby authorize the Pickerington Local Schools to initiate direct deposit (credit entries) of my individual earnings to the following account(s):

Employee ID

Employee's Name (please print) _____

Employee's Social Security # _____ - _____ - _____

1. Name of Financial Institution _____

Transit Number of Financial Institution _____

Employee's Account Number _____ Checking Savings

Amount (\$) or Percentage (%) to Deposit _____

2. Name of Financial Institution _____

Transit Number of Financial Institution _____

Employee's Account Number _____ Checking Savings

Amount (\$) or Percentage (%) to Deposit _____

This authorization is contingent on the employee's financial institution's participation in the Automatic Clearing House (ACH) System.

Employee Signature

**Please attach a voided check for each account referred to above.
Deposit slips will not be accepted.**