

**VERMILION LOCAL SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT
(ACH CREDITS)**

I hereby authorize the Vermilion Local School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below:

ACCOUNT #1: Financial Institution Name: _____
Type of Account: _____ CHECKING _____ SAVINGS
Routing Number: _____ (Nine digit number at the bottom of your check)
Account Number: _____
Amount to be deposited: 100% of Pay _____ or Amount \$ _____
(Choose One)

ACCOUNT #2: Financial Institution Name: _____
Type of Account: _____ CHECKING _____ SAVINGS
Routing Number: _____
Account Number: _____
Amount to be deposited: \$ _____

ACCOUNT #3: Financial Institution Name: _____
Type of Account: _____ CHECKING _____ SAVINGS
Routing Number: _____
Account Number: _____
Amount to be deposited: \$ _____

**NOTE: A CANCELLED CHECK OR DEPOSIT SLIP MUST ACCOMPANY THIS
REQUEST FOR VERIFICATION OF ROUTING AND ACCOUNT NUMBERS.**

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The authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such timely manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

NAME: _____ SOC SECURITY # _____

SIGNATURE: _____ DATE: _____

*Regular employees will receive direct deposit notices at the email address
assigned by the Vermilion Local School District.*

FOR SUBSTITUTES ONLY:

EMAIL ADDRESS: _____