

ASHLAND PUBLIC SCHOOLS



DIRECT DEPOSIT AUTHORIZATION FORM

<b>Name:</b>		<b>Social Security Number</b>	
<b>Email Address:</b>		<b>Phone Number:</b>	
<b>Street Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<p><b>Please indicate the type of agreement being authorized by placing an "x" next to the appropriate field:</b></p> <p><input type="checkbox"/> New Authorization    <input type="checkbox"/> Change of Account Information    <input type="checkbox"/> Cancel Authorization</p>			
<b>Bank Name</b>			
<b>Account Number</b>		<b>Nine Digit Routing Number</b>	
<b>Branch</b>		<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

By signing this form, I understand that I will not receive a paper copy of my direct deposit voucher. My voucher will be emailed to my district email address. If I do not have a district email address, my voucher will be emailed to the email address provided above. If my email address should change, I will notify the district in writing. The district is not responsible for any undeliverable email.

I wish to receive my net paycheck by Direct Deposit. I hereby authorize Ashland School District to originate electronic credit transactions to my bank (or credit union or savings & loan) account indicated below and to credit the same to such account. This authority is to remain in full force and effect until Ashland School District has received written notification from me of its termination in such time as to afford Ashland School District and my bank a reasonable opportunity to act. **I understand that claims submitted with change may be delayed one full pay period while Ashland School District completes a zero dollar transaction with my financial institution to confirm the validity of this account.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please attach a copy of a voided check in the space below. Please do not send a deposit slip as sometimes the routing numbers are different from that of your checks.**

**JAMES C. MORRISON**  
1765 SHERIDAN DR.  
YOUR CITY, U.S.A. 04093

141

80-1847/865

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_ DOLLARS

Bank Name \_\_\_\_\_  
Bank Address \_\_\_\_\_

MEMO \_\_\_\_\_ **SAMPLE VOID** \_\_\_\_\_

088651847???

**Bank Routing or ABA number; will have symbols on each side and is always nine digits long with a 0, 1, 2, or 3.**

0141

**Check number, usually 4-5 digits. Will also appear in upper right corner of the check.**

⑈00000000⑈

**Your account number. Will have symbol on at least one side. Can be up to 17 digits. NOTE: Check number may appear with the account number field or to the right of the account number.**