

ONSTED COMMUNITY SCHOOLS

PAYROLL DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE AUTHORIZATION – PLEASE FILL OUT AND RETURN TO THE PAYROLL DEPARTMENT

I authorize Onsted Community Schools and the financial institution listed below to deposit my pay automatically as stated below. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have cancelled it in writing.

NAME: _____
Please Print

<u>Account Number</u>	<u>Deposit Amount</u>	
Checking _____	\$ _____ or net pay	<input type="checkbox"/>
Savings _____	\$ _____ or net pay	<input type="checkbox"/>

Routing Number _____

Financial Institution _____

Employee Signature _____

****If depositing into a checking account, please attach a voided blank check****

Effective Date _____