

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT LAKOTA LOCAL SCHOOLS

I hereby authorize the Lakota Local Schools hereinafter referred to as DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

*****Please provide an e-mail address for your pay stub to be e-mailed to:**

1.	Financial Institution Name	Routing/ Transit / ABA No.***	Account Number	Account Type
	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	_____ %	OR	\$ _____	Amount
	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	_____ %	OR	\$ _____	Amount
	_____	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	_____ %	OR	\$ _____	Amount

This authority is to remain in full force until the DISTRICT has received WRITTEN notification from me of its termination.

Name (Please Print): _____

Social Security Number: _____

Date: _____

Signature: _____

*** Your Routing / Transit / ABA No. is the first series of 9 digits at the bottom of your personal check. Ohio banking institutions usually begin with the numbers 04 and Ohio credit unions usually begin with the numbers 24.

