

CLEVELAND HEIGHTS UNIVERSITY HEIGHTS SCHOOL DISTRICT AUTHORIZATION FOR AUTOMATIC DEPOSITS (ACH CREDITS)

1. Indicate if this is a new authorization or a change to an existing authorization.

NEW (First authorization to have funds deposited into the account below)

CHANGE (Authorization to deposit funds into an account other than the one previously selected)

2. Print name

NAME (PRINT) _____

3. Print employees social security number

SOCIAL SECURITY NUMBER _____

4. Check type of account. Attach required documentation.

CHECKING ACCOUNT
(attach void check/ check copy below)

SAVINGS ACCOUNT
(attach deposit slip below)

5. Name of bank where funds will be deposited

DEPOSITORY NAME- _____

6 & 7. Transit number is 9 digits and is located on the bottom of your check or deposit slip. Your account number is also located in this area.. **Contact your bank** if you can not locate the information on your check or deposit slip. **DO NOT GUESS!** **DO NOT CALL PAYROLL – CALL YOUR BANK!** This controls where your money is deposited.

TRANSIT/ABA NO. _____ (Must be 9 digits)

ACCOUNT NO _____

8. Read carefully:

I hereby authorize the Cleveland Heights - University Heights School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository named above, to credit and/or debit the same such account.

This authority is to remain in full force and effect until the Cleveland Heights - University Heights School District has received written notification from me of its termination in such time and in such manner as to afford them and DEPOSITORY a reasonable opportunity to act on it.

★ I understand that my Direct Deposit will be effective after a computer test has been sent to the bank to verify accuracy of my banking information. If I am not notified that a correction is required, my pay should be automatically deposited on the second payroll after the form is submitted. It is strongly suggested that you contact your bank on pay day to verify that funds have been deposited electronically before issuing any payments from your account. ★

SIGN _____ DATE _____

STAPLE VOID CHECK OR SAVINGS DEPOSIT SLIP

NOTE: Incomplete forms will be returned and delay the effective date of your direct deposit Please complete ALL information and attach required forms.

FOR OFFICE USE ONLY: DATE OF INPUT _____ INPUT BY _____