SOUTH CENTRAL OHIO ESC
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the South Central Ohio ESC to initiate electronic transfer entries to the account listed below. (A separate form needs to be completed for each financial institution and each account. You may make copies of this form or pick up additional forms in the Treasurer's office)

Name of Financial Institution: _____

Transit #: _____
(9 digit # that appears first at the bottom of a check)

Account #: _____ ☐ Checking ☐ Savings

Method of Deposit: ☐ % ☐ fixed amount

Designate the % or fixed amount for this account: _____
(how much of your check you want to go into this account, total of all forms must equal 100%)

This authorization is to remain in full force and in effect until South Central Ohio ESC has received **written notification** from me of its termination. A one-week notice of change is required. I understand that I can receive a checkstub by e-mail (by listing an e-mail address below) or by picking up a paper stub at the Treasurer's office.

_____	_____	_____
Employee Name	Social Security Number	Date

Employee Signature: _____

Employee e-mail address: _____

Please take to your financial institution for completion:

I certify that the above transit number and the employee's account number are valid and that we are an ACH member.

_____	_____	_____
Name	Phone	Date

_____
Title

_____
Authorized Signature

Financial Institution: _____

Address: _____

_____