

AUTHORIZED AGREEMENT FOR AUTOMATIC DEPOSIT
MEDINA CITY SCHOOL DISTRICT
140 W. WASHINGTON ST.
MEDINA, OHIO

NAME _____ DATE _____

ADDRESS _____

EMPLOYEE ID NUMBER _____
(FIRST 3 LETTERS OF LAST NAME AND LAST 4 DIGITS OF SSN)



EMAIL ADDRESS _____

Go paperless!! Try getting your direct deposit notice by email—it's easy! Just provide an email address. No personal bank information or social security numbers will appear on the notice.

I HEREBY AUTHORIZE MEDINA CITY SCHOOLS TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES IN ERROR TO THE CHECKING/SAVINGS ACCOUNT(S) LISTED BELOW.

BANK NAME _____ BRANCH/ADDRESS _____

BANK TRANSIT No. _____ ACCOUNT No. _____

CHECKING

SAVINGS

IF YOU DO NOT HAVE A SECOND ACCOUNT, PROCEED TO SIGNATURE SECTION

BANK NAME _____ BRANCH/ADDRESS _____

BANK TRANSIT No. _____ ACCOUNT No. _____

DEPOSIT AMOUNT \$ _____ OR DEPOSIT PERCENTAGE % _____

CHECKING

SAVINGS

ONE OF THE FOLLOWING IS NEEDED FOR VERIFICATION PURPOSES FOR EACH ACCOUNT AND MUST BE ATTACHED TO THIS FORM. WE CANNOT PROCESS THIS REQUEST WITHOUT THE FOLLOWING:

CHECKING ACCOUNT: A VOIDED CHECK COPY. NO DEPOSIT SLIPS
SAVINGS ACCOUNT: A PERSONALIZED DEPOSIT SLIP OR BANK VERIFICATION FORM

EMPLOYEE SIGNATURE _____

*****FOR OFFICE USE ONLY*****

___701 DEDSCN ___BIOSCN Y OR N ___TYPE 22 (CHECKING) ___TYPE 32 (SAVINGS) ACCT 1

___702 DEDSCN ___BIOSCN Y OR N ___TYPE 22 (CHECKING) ___TYPE 32 (SAVINGS) ACCT 2