



REYNOLDSBURG CITY SCHOOLS

Reynoldsburg City Schools Authorization Agreement for **MANDATORY** Automatic Payroll Deposit

PLEASE ATTACH A VOIDED CHECK

NOTE: Any new direct deposit and/or any change made to an existing direct deposit will result in **THE VERY NEXT PAY BEING PROCESSED AS AN ACTUAL PAYCHECK THAT YOU MUST CASH.** This is necessary for the bank to verify the addition(s) and/or change(s). The second pay **will be direct deposited** according to the information you provide.

Name: _____ Social Security Number: _____

1. Bank Name _____ Please Select Account Type: Checking Savings

Bank Routing Number: _____ Account Number: _____

I wish to deposit: \$ _____ or Entire Net Amount

2. Bank Name _____ Please Select Account Type: Checking Savings

Bank Routing Number: _____ Account Number: _____

I wish to deposit: \$ _____ or Entire Net Amount

I (we) hereby authorize the Reynoldsburg City School District, hereinafter called the District, to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my (our) account indicated below and hereby authorize the depository named below, hereinafter called Depository, to credit and/or debit the same such account.

Signature:

_____ Date _____

Return this completed form to:
Reynoldsburg City Schools
Payroll Department
7244 East Main Street
Reynoldsburg, OH 43068