

Shenandoah School Corporation

5100 North Raider Road
Middletown, Indiana 47356
Telephone (765) 354-2266

*** DIRECT DEPOSIT IS MANDATORY! ***

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

We are a paperless payroll system.

I, (we) hereby authorize Shenandoah School Corporation, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries or adjustments for any credit entries in error to my (our) Checking or Savings Account(s) as indicated at the depository named below, hereinafter called the FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

This authorization is to remain in full force and effective until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

By:

_____/_____/_____
(Employee Signature) (Date) (Employee Number)

Thank you for choosing DIRECT DEPOSIT. You have the option of selecting up to a combination of 4 accounts or Financial Institutions. You will be allowed to change these options annually, in September of each year. **Start-up will take one full pay cycle, while each transaction is sent as a test or pre-note and then will go live the following pay period.** You, the employee, are responsible for notifying the Payroll Department prior to closing any of the direct deposit accounts.

Financial Institution Information: (Primary) Please attach voided check for checking accts or savings acct deposit ticket.

Bank Name _____

Route/Transit Number (9 digits) _____ **Account Number** _____

Account Type: Checking Savings **Deposit Amount:** Balance or \$ _____ per pay period

Financial Institution Information: (Additional Accounts) Please attach voided check or savings deposit ticket.

Bank Name _____

Route/Transit Number (9 digits) _____ **Account Number** _____

Account Type: Checking Savings **Deposit Amount:** Balance or \$ _____ per pay period

Financial Institution Information: Please attach voided check or savings deposit ticket.

Bank Name _____ **Bank Address** _____

Route/Transit Number (9 digits) _____ **Account Number** _____

Account Type: Checking Savings **Deposit Amount:** Balance or \$ _____ per pay period

Financial Institution Information: Please attach voided check or savings deposit ticket.

Bank Name _____ **Bank Address** _____

Route/Transit Number (9 digits) _____ **Account Number** _____

Account Type: Checking Savings **Deposit Amount:** Balance or \$ _____ per pay period

For Office Use Only: Pre-Note Date _____ Approved _____