MT. HEALTHY CITY SCHOOLS DIRECT DEPOSIT PLAN ENROLLMENT FORM

Attach a voided check or a completed form from your bank so that the Treasurer's Office can verify the routing/account number. THIS IS REQUIRED TO ESTABLISH PAYMENT.

If you require assistance in completing this form, please contact a representative of the financial institution where you maintain your account. For checking or savings accounts at savings & loan, credit unions, and federal savings banks, checks and deposit slips do not always contain the correct information for direct deposit. For accounts with these types of financial institutions, please have a representative from the institution assist you in completing the form.

Employee Na	ame:	
This is a: NE	EW ENROLLMENT CHANGE OF ENROLL	MENT
My account i	is a: CHECKING ACCOUNT SAVINGS ACCO	DUNT
Name of Fina	ancial Institution:	
Bank Routing	g Number (9-digit #):	
Bank Accoun	nt Number:	
Amount to go into account (100% or a specific amount):		
institution na form cancelin allow time fo	ne Mt. Healthy City School District to deposit my payroll clamed above by electronic deposit. This authorization will reng or changing authorization. I understand that I must give or my instructions to be executed and that I am responsible e in bank account information.	emain in effect until I submit a new 30 days advance notice in writing to
Signature	Date	
Building	Daytime Phone Number	.
provide the fo	t Deposit Notices: If you would like to receive your direct following. If left blank, you will receive notices via USPS. e-mail address (preferred): mail address (secondary):	
	PLEASE ATTACH YOUR VOIDED CHECK II	N THIS AREA
	JOE DOE OR JANE DOE 1234 ANY STREET	100
	HOMETOWN, USA 12345	1980-013
SAMPLE VOIDED	PAY TO THE ORDER OF	\$
CHECK		DOLLARS
	FOR:	
	[[:123456789]]: 5752191]]	

ACCOUNT NUMBER

ROUTING & TRANSIT NUMBER