

**MIAMI COUNTY EDUCATIONAL SERVICE CENTER  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

**SECTION 1**

I hereby authorize Miami County Educational Service Center, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my accounts as a participant in the Payroll Direct Deposit. This authority is to remain in full force and effect until EMPLOYER has received written notification from me of its termination in such time and in such manner as to afford EMPLOYER a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Date

**SECTION II**

I hereby authorize Miami County Educational Service Center, FID# 31-1287571, hereinafter called EMPLOYER, to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my accounts as indicated below and the INSTITUTION named below, hereinafter called INSTITUTION, to credit and/or debit the same to such account(s).

\_\_\_\_\_  
Financial Depository Institution

\_\_\_\_\_  
Routing/Transit Number

- Checking
- Savings

\_\_\_\_\_  
Address

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
City                      State                      Zip

% \_\_\_\_\_ \*\*                      Fixed \$ \_\_\_\_\_ \*\*

**\*\* Designate a percentage or flat amount. If entering a fixed amount the remaining accounts must equal 100%; or if designating percentage to different accounts, percentages must total 100%. You must complete an Authorization for each Institution or each Account having direct deposit entries.**

**SECTION III**

INSTITUTION: As provided above, your depositor has authorized us to initiate credits and/or debits to, and you to credit and or debit, the account as specified. So that you may comply with this authorization, we agree that these agreements shall be subject to the NACHA rules, as they may be in effect from time to time, and we recognize your status as a participating institution. ***I have verified the Routing and Account numbers above as active and true accounts.***

\_\_\_\_\_  
Name of Financial Depository Institution

\_\_\_\_\_  
Bank Representative Signature

\_\_\_\_\_  
Date