AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the Grand Valley Local School District, hereinafter referred to as District, to initiate entries and to initiate, if necessary, debit entries and adjustments for any credit entry in error to the account or accounts listed below.

Financial Institution	*Transit/ABA #	Account #	Type of Account
1			CHKSAV
Location:		Amount \$	
2			CHKSAV
Location:			Amount \$
3			CHKSAV
Location:			mount \$
*Nine digit number that appears o	n the bottom of a check or	deposit slip.	
Note: If you leave the amount line	e blank, your net amount w	ill be deposited direc	tly into that account.
This authority is to remain in of its termination/amendmen Institution a reasonable opportunity.	t in such timely manne	-	•
Name:		Date	
Signature:			
Employee Number:			

PLEASE ATTACH A COPY OF A VOIDED BLANK CHECK OR A DEPOSIT SLIP TO THIS FORM FOR EACH ACCOUNT LISTED ABOVE.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

All information on the Direct Deposit Authorization form is required and is confidential. The information will be used to process payment data from the Grand Valley Local School District to the financial institution and/or its agent. Failure to provide the requested information may affect the processing on this form and may delay or prevent the receipt of payments through Direct Deposit/Electronic Funds Transfer program.

The agreement represented by this authorization remains in effect until terminated or amended in writing. All employees shall have the option to enroll in direct deposit or to cancel Direct Deposit.

It is the responsibility of the employee to obtain and submit the information necessary to process a Direct Deposit. Any changes made by the employee and/or his/her financial institution regarding the employee's account must be provided to the Treasurer's Office in writing by completing a new authorization Agreement for Direct Deposit and must be received seven (7) working days prior to the effective date of the pay.