ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

This authorization form gives your employer and your financial institution the authority to deposit your compensation to your bank account. Complete and submit the form to take advantage of direct deposit.

1. Mark the correct account type box to indicate where to deposit your pay. You must be a signor on the account.
2. Fill in the name and location of your financial institution, the routing/transit number, and your account number. *For verification of all financial institution information, please submit a voided check.*
3. Be sure to read the conditions listed.
4. Sign and date the form at the bottom and include your social security number.

I authorize the St. Clairsville-Richland City School District, Huntington Bank, and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization will remain in effect until my employer, or I cancel it in writing or change it with a new institution form. I understand the direct deposit conditions listed below.

Indicate one account type _____ Checking _____ Savings

Financial Institution _____

Branch Location _____

Routing/Transit Number _____ _____ _____ _____ _____ _____ _____ _____ _____

Your Account Number at Financial Institution _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Your entire paycheck amount must be direct deposited. All payrolls, including supplemental pays, will be direct deposited following authorization. You must submit, in writing, any changes to your financial institution or routing and account numbers at least two full pay periods before the effective date. In addition, you must remain in direct deposit for at least twelve months. To opt-out of direct deposit after that time, you must submit written notice to the Treasurer at least two full pay periods in advance of the pay period when direct deposit will cease.

Employee Name _____

Employee Signature _____ Date _____