

DIRECT DEPOSIT AUTHORIZATION FORM (ACH CREDITS)

RIDGEWOOD LOCAL SCHOOL DISTRICT

I, _____(employee name) hereby authorize RIDGEWOOD LOCAL SCHOOL DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the BANKING INSTITUTE to credit and/or debit the same to such account. This authorization will remain in effect until the **EMPLOYER receives written notice of termination from me (employee) in such time and such manner as to afford the EMPLOYER a reasonable opportunity to act on it.** I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. **THIS DIRECT DEPOSIT AUTHORIZATION TERMINATES ANY PREVIOUS AUTHORIZATION RECEIVED BY THE EMPLOYER FROM ME.**

Customer Information (Employee)

Print Name: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____

Banking Institution

Please indicate account number, account type, routing number and the amount to be deposited.

Account #: _____ Routing #: _____ Type: ___ Checking ___ Savings Percentage: 100%
Account #: _____ Routing #: _____ Type: ___ Checking ___ Savings Amount: _____

The first account must have 100% of the check deposited. The other account MUST have a FIXED amount applied. This amount will be per pay.

Employer Information

Company: RIDGEWOOD LOCAL SCHOOLS
Contact Name: Jay Tingle, Treasurer
Address: 301 S. Oak Street
City: West Lafayette State: OH Zip Code: 43845
Phone: 740-545-6454 Fax: 740-545-6336

EMPLOYEE AUTHORIZATION

Signature: _____ Date: _____