

Hancock County Educational Service Center  
7746 C. R. 140  
Findlay, Ohio 45840  
Phone (419) 422-7525 Fax (419) 422-8766

## ***AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT***

### **Employee Information**

Your Name (as it appears on your account) \_\_\_\_\_

Address \_\_\_\_\_ S.S. # \_\_\_\_\_

### **Account Information**

Please attach deposit slip(s) or voided personal check(s) showing routing & account #'s

1. Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Account is a: \_\_\_\_\_ Checking \_\_\_\_\_ Savings Amount\$ \_\_\_\_\_ OR % \_\_\_\_\_  
(Enter 100% to deposit your entire paycheck.)

2. Financial Institution Name \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Account is a: \_\_\_\_\_ Checking \_\_\_\_\_ Savings Amount\$ \_\_\_\_\_ OR % \_\_\_\_\_  
(If an amount is entered above, enter 100% here to deposit the balance of you paycheck.)  
(If a percentage is entered above, the total must equal 100% to deposit the balance of your paycheck.)

E-mail address \_\_\_\_\_

### **Authorization**

(for direct deposit notification)

I hereby authorize the Hancock County Educational Service Center to deposit my payroll earnings into the account (s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my account. This authority to remain in full force and effect until written notice from me has been received by the Treasurer in such a manner as to afford reasonable time to act on it.

Date \_\_\_\_\_ Signature \_\_\_\_\_