

AUTHORIZATION FOR DEPOSIT OF SALARY

THIS FORM FOR "NON-EMPLOYEE" CONTRACT PAYMENTS ONLY

I hereby authorize the Office of the Treasurer of the Kettering City Board of Education to
Submit my salary payments for credit to my account at the following bank:

NAME OF BANK _____

EXACT NAME ON ACCOUNT _____

BANK ACCOUNT NUMBER _____

ROUTING NUMBER _____

CIRCLE ONE: SAVINGS ACCOUNT / CHECKING ACCOUNT

NOTE: Blank void check for verification of account title, bank, and account number
Must be attached.

ATTACH VOID CHECK IN THIS SPACE FOR CHECKING ACCOUNT ONLY

This authorization will continue until cancelled by me in writing.

NAME (signature) _____

NAME (printed) _____

SOCIAL SECURITY NUMBER _____

WORK LOCATION _____ EFFECTIVE DATE _____

PREVIOUS DIRECT DEPOSIT? CIRCLE ONE: YES / NO

IF YES, BANK NAME _____