

AUTHORIZATION FOR DEPOSIT OF SALARY

THIS FORM IS NOT USED FOR SUBSTITUTES

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.

Directions:

If you would like direct deposit to one account:

Under the proper headings, indicate the routing number, account number, and whether it is checking or savings. 100 % of your check will be deposited to your account.

If you would like direct deposit to more than one account:

Under the proper headings, indicate the routing number, account number, whether it is checking or savings, and designate the amount of your check to be deposited into the account(s). *Indicate the account in which the remaining balance of your pay will be deposited by putting the letter ' X ' under the last column.

For a checking account, please attach a void check or checks. For a savings account, please call your financial institution to verify the routing and account numbers. DO NOT ATTACH A DEPOSIT SLIP.

Bank Routing Number	Employee's Account Number	Select One: Savings or Checking	100 % or Amount—(for multiple direct deposits only)	*Indicate with 'X' into which acct the balance of the pay should be deposited.

If you have any questions please call the Payroll Department at extension 1416 or 1417.

This authorization will continue until cancelled by me in writing.

NAME (signature) _____

NAME (printed) _____

SOCIAL SECURITY NUMBER _____

Revised 8/25/14

EFFECTIVE DATE _____

FOR TREASURER'S OFFICE USE ONLY: Accounting