



**LAKWOOD CITY SCHOOLS
PAYROLL DEPARTMENT
1470 WARREN ROAD, LAKEWOOD OHIO 44107 (216) 529-4098**

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

NAME: _____ Employee ID: _____
(PLEASE PRINT)

I hereby authorize the Lakewood Board of Education to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account indicated below and the depository named below to credit and/or debit the same to such account.

This authorization is to remain in effect until 10 business days after the Lakewood Board of Education's Payroll Department has received my written notification of its termination so as to allow the Board and Banks reasonable opportunity to act.

Signature: _____ Date: _____

Direct deposit is limited to three accounts. If two accounts are listed then one account must be a specific dollar amount (e.g. \$50.00) and the remainder of the net pay will be deposited into the second account. If three accounts are listed, then two accounts must be specific dollar amounts with remainder deposited into the third account.

Substitutes, student employees, and Community Education and Recreation hourly employees are limited to one account.

If depositing into a checking account, you must attach a voided check.

Account Type	New (v)	Change (v)	Cancel (v)	Name of Institution	Routing (ABA) Number	Account Number	Amount or net pay
1. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
2. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							
3. <input type="checkbox"/> Savings <input type="checkbox"/> Checking							

Provide e-mail address for direct deposit notifications: _____