

**BATH LOCAL SCHOOL DISTRICT  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT PAYROLL**

I hereby authorize the Bath Local School District to initiate electronic entries to my

Checking \_\_\_\_\_ % or \$ \_\_\_\_\_ Fixed  
or  
Savings \_\_\_\_\_ % or \$ \_\_\_\_\_ Fixed

(must total 100%)

as indicated, and to the financial institution named below to credit and/or debit the same such account.

FINANCIAL INSTITUTION NAME \_\_\_\_\_

CITY, STATE \_\_\_\_\_

ROUTING/TRANSIT NUMBER \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*All direct deposit notices will be emailed no later than Friday of pay week*

*Your EMAIL address: \_\_\_\_\_ (required)*

**If you are depositing to a checking account, you may attach a voided check in lieu of having the financial institution signature, otherwise please take this form to your financial institution and have them verify your accounts with a signature.**

TO: FINANCIAL DEPOSITORY INSTITUTION

I certify that the above routing/transit number and account number are valid.

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_ Date \_\_\_\_\_