

**Per the Union Agreement with Huron City Schools, new employees and all substitutes must complete this form for direct deposit.**

HURON CITY BOARD OF EDUCATION  
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

(YOU MAY SPLIT YOUR CHECK BETWEEN 2 ACCOUNTS BUT ONE MUST BE A FIXED AMOUNT)

Type of Account	Account Number	Fixed Amt. Or Percent
CHK SAV	_____	_____

.....

Type of Account	Account Number	Fixed Amt. Or Percent
CHK SAV	_____	_____

.....

**Direct deposit notification will be sent via e-mail starting in April 2003. Please let us know where you would like your notification sent.**

**NOTE\* This should be an address that is accessible to you ALL year.**

**E-MAIL** \_\_\_\_\_

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The authority is to remain in full force until the Huron City Board of Education has received notification from me of its termination, in such time manner as to afford the Huron City School Board and my financial institution a reasonable opportunity to act on it.

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(PLEASE PRINT)

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

**ATTACH A VOIDED CHECK HERE**