



**HURON CITY BOARD OF EDUCATION
AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

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

(Pay can be dispersed between multiple accounts but one of them must be a fixed amount)

<u>Type of Account</u>	<u>Bank Routing # (9 digits)</u>	<u>Account Number</u>	<u>Fixed Amount or Percent</u>
CHK SAV	_____	_____	_____

(Pay can be dispersed between multiple accounts but one of them must be a fixed amount)

<u>Type of Account</u>	<u>Bank Routing # (9 digits)</u>	<u>Account Number</u>	<u>Fixed Amount or Percent</u>
CHK SAV	_____	_____	_____

Direct deposit notifications will be sent via e-mail. Please provide a valid email address that you will have access to all year. You may provide two e-mail addresses if necessary.

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 _____ Last 4 digits of Social Security No. _____
(PLEASE PRINT)

Date _____ Signature _____

PLEASE ATTACH A VOIDED CHECK HERE