

**EAST HOLMES LOCAL SCHOOL DISTRICT
Payroll Direct Deposit Application**

Information for Primary Account *(voided check must be attached):*

Financial Institution Name _____

City, State _____

Bank Routing & Transit Number _____
(usually the left most set of nine numbers on your deposit slip)

Your Account Number _____

Type of Account (check one) Checking _____ Savings _____

Amount to be Deposited:
Fixed Amount \$ _____ or Balance Remaining _____

Information for Secondary Account *(voided check must be attached):*

Financial Institution Name _____

City, State _____

Bank Routing & Transit Number _____
(usually the left most set of nine numbers on your deposit slip)

Your Account Number _____

Type of Account (check one) Checking _____ Savings _____

Amount to be Deposited:
Fixed Amount \$ _____ or Balance Remaining _____

Regardless of the number of accounts, one must be checked "Balance Remaining"

I authorize the East Holmes Local School District to initiate electronic entries into my account(s) as listed above for purposes of payroll only:

Signed _____ **Date** _____

SS # _____

This authority shall remain in effect until the Treasurer of the East Holmes Local School District has received written notification from the employee 10 days prior to the next payroll date that I am requesting a change.

I authorize the East Holmes Local School District to send my direct deposit notices to the email account listed below, in lieu of hard copy notification.

Signed _____ **Date** _____

Email Account Address _____