

Mohawk Local Schools

295 State Hwy 231

Sycamore, Ohio 44882

(419)927-2414 - Fax (419)927-2393

DIRECT DEPOSIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT (ACH CREDITS)

EMPLOYEE NAME: _____ SS# _____

I hereby authorize Mohawk Local Schools to initiate credit entries to my (our) account or accounts listed below.

FINANCIAL INSTITUTION NAME	*TRANSIT/ABA#	Account #	Type of Account
1. _____ Location _____	_____	_____	___CHK ___SAV ** _____% or Amount \$ _____
2. _____ Location _____	_____	_____	___CHK ___SAV ** _____% or Amount \$ _____
3. _____ Location _____	_____	_____	___CHK ___SAV ** _____% or Amount \$ _____

The authority is to remain in full force until MOHAWK LOCAL SCHOOLS has received written notification from me (or either of us) of its termination in such timely manner as to afford MOHAWK LOCAL SCHOOLS and my FINANCIAL INSTITUTION a reasonable opportunity to act on it.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

(If joint account)

* PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP FOR ACCOUNT NUMBER VERIFICATION.

** This is where you designate either a percentage of pay or fixed amount. Percentages must add up to 100%.