



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: _____

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

Note: Funds can be deposited into one account or split between accounts as a set percent or dollar amount.

Account type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Intuition name: _____		
Account number: _____		ABA Routing Number: _____
Deposit Amount _____ % OR \$ _____ (Flat Amount) OR <input type="checkbox"/> Remaining		

Account type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Intuition name: _____		
Account number: _____		ABA Routing Number: _____
Deposit Amount _____ % OR \$ _____ (Flat Amount) OR <input type="checkbox"/> Remaining		

Account type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Intuition name: _____		
Account number: _____		ABA Routing Number: _____
Deposit Amount _____ % OR \$ _____ (Flat Amount) OR <input type="checkbox"/> Remaining		

The authority is to remain in full force until MOHAWK LOCAL SCHOOLS has received written notification from me 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: _____

Email for Direct Deposit Notification: _____

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