



Direct Deposit Agreement Form
Xenia Community Board of Education

Authorization Agreement

I hereby authorize Xenia Community Schools to initiate automatic deposits to my account at the financial institution named below. I also authorize Xenia Community Schools to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Xenia Community Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Xenia Community Schools receives a written notice of cancellation from me or my financial institution(s), or until I submit a new direct deposit form to the Payroll Department.

Account Information

1. Name of Financial Institution:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	_____	_____ % of Biweekly pay
Account Number:	_____	
2. Name of Financial Institution:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Routing Number:	_____	_____ % of Biweekly pay
Account Number:	_____	

REQUIRED: The email address I would like my direct deposit check stub sent to is:

Email Address: _____

Signature

Print Name:	EE ID:
Authorized Signature:	Date:

Please attach a voided check or deposit slip and return this form to the Payroll Department.