



DIRECT DEPOSIT AUTHORIZATION FORM

Chillicothe City Schools' Treasurer is hereby authorized to initiate credit entries for payment of salary to the following employee's account.

1. Employees Name: _____
2. Employee SSN: _____
3. Name of financial institution: _____
4. Routing number of financial institution: _____
5. Account number of financial institution: _____
6. Please check one: Checking Account Savings Account
7. If this is an **additional** direct deposit account please indicate the amount to be deposited into this account each payroll \$ _____

For a checking account a voided check or copy of a voided check must be attached so that the account number and transit number can be verified. (DO NOT attach a checking account deposit ticket!!!)

Employee Signature: _____

Date: _____

ATTACHED VOIDED CHECK HERE

**** All staff members/substitutes must have payroll direct deposited ****