



Authorization Agreement for Automatic Deposit (ACH Credits)

(Please check one)

Initial Enrollment

Change

Cancellation

Staple deposit ticket(s) here

I hereby authorize Chippewa Hills Schools to deposit my entire pay automatically in the account(s) each pay period as specified below at Depository Financial Institution(s), hereinafter referred to as DFI(s) and authorize the DFI(s) to accept these deposits. This authorization will also allow Chippewa Hills Schools to adjust entries to correct errors. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. **This authorization shall remain in effect until written notice of termination is given to Chippewa Hills Schools. I understand that direct deposit will begin on the second pay following receipt of this form.**

Please call your financial institution and verify all account numbers provided below.

1st Institution		
Name of DFI (banking institution)		Amount
		\$ NET CHECK
DFI Routing and Transit No.	Account Number	Type of Account
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

2nd Institution		
Name of DFI (banking institution)		Amount
		\$
DFI Routing and Transit No.	Account Number	Type of Account
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Employee's Signature

Date

Social Security Number

Building

Phone Number

Please print the above information, attach the appropriate "voided" deposit ticket(s) as indicated, and return the completed form to the Payroll Department.