NEW RICHMOND EXEMPTED VILLAGE BOARD OF EDUCATION
PAYROLL DIRECT DEPOSIT AUTHORIZATION

_____ _____
(EMPLOYEE NAME) (SOCIAL SECURITY NUMBER)

THIS IS A: _____ NEW REQUEST _____ CHANGE REQUEST

I authorize the Treasurer of the New Richmond Exempted Village School District to deposit my payroll check into my account at the financial institution named below by electronic deposit:

[ ] Checking Account
[ ] Savings Account _____ (_____) at the
(Routing Number) (Account Number)

_____of_____in _____, _____
(Branch) (Financial Institution). (City) (State)

Amount $ _____ per pay Percentage per pay _____**

[ ] Checking Account
[ ] Savings Account _____ (_____) at the
(Routing Number) (Account Number)

_____of_____in _____, _____
(Branch) (Financial Institution). (City) (State)

Amount $ _____ per pay Percentage per pay _____**

[ ] Checking Account
[ ] Savings Account _____ (_____) at the
(Routing Number) (Account Number)

_____of_____in _____, _____
(Branch) (Financial Institution). (City) (State)

Amount $ _____ per pay Percentage per pay _____**

PLEASE ATTACH A VOIDED CHECK

** You must designate a percentage of pay or fixed amount. Percentages must add up to 100%

I understand that if corrections in the credit amount are necessary, it may involve an adjustment (credit or debit) to my account(s).

This authorization will remain in effect until I submit a new form canceling or changing authorization. I understand that I am responsible for notifying New Richmond Exempted Village School District of any change in bank account information.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE

_____ _____
(Signature) (Date)

I give New Richmond Exempted Village School District authorization to email my Direct Deposit Stub to the following Email address:

_____ _____
Email address (Print Clearly) Signature

03/20/2018