

Forest Hills Local School District
7550 Forest Road
Cincinnati, Ohio 45255
Authorization Agreement for Direct Deposit Payroll

I hereby authorize the Forest Hills Local School District to initiate electronic entries to my/our

Select ONLY One: **Checking** **OR** **Savings**

account indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

Financial Institution _____

City, State _____

Routing/Transit Number _____
(ACH Number of the Financial Institution)

Account Number _____

This request is to remain in full force until written notification is received. Notify the Payroll Department 2 weeks in advance of any change.

Name _____ Social Security # _____

Signature _____ Date _____

I would like my direct deposit notification emailed to the following email address:

TO BE COMPLETED BY THE EMPLOYEE'S BANK OR CREDIT UNION

I certify that the above routing/transit number, and account number, are valid and accurate, and we are an ACH member.

Name _____ Institution _____

Title _____ Phone Number _____

Signature _____ Date _____