

**Ontario Local Schools
457 Shelby-Ontario Road
Ontario, OH 44906-1029**

Direct Deposit Agreement Form – Substitutes (ALL) / Advisors / Coaching Staff

Authorization Agreement

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

Further, I agree not to hold **Ontario Local 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 **Ontario Local Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Please attach a voided check or deposit slip and return this form to the Ontario Treasurer's Office.

NOTE: substitute employees are only allowed one account. Regular employees are allowed up to three.

Account Information

#1

Financial Institution Name	Bank Routing No. (9 digets)	Account #	Account Type	Amount
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$ALL

- All direct deposit notices will be sent via e-mail. I am aware that I will not receive a paper copy through the mail service and must notify employer of an e-mail change of address.

email address: _____
(please print)

Note: All full time certified staff is required to use the e-mail and employee KIOSK systems.

Signature

Name (printed):		Date:
Signature:		