

Maple Heights Board of Education Direct Deposit Authorization

Name: _____ SS#: _____ - _____ - _____

I hereby authorize Maple Heights Board of Education to initiate Direct Deposit entries:

Type of Account (Choose One)	Checking () OR Savings ()
Bank Name	
Branch Phone Number	
City, State, Zip	
Transit/ABA Number <small>(1st set of #'s on bottom of check)</small>	
Account Number <small>(2nd set of #'s on bottom of check)</small>	
Amount to Deposit into Account (Choose One)	Percentage: _____% Fixed Amount \$ _____

Type of Account (Choose One)	Checking () OR Savings ()
Bank Name	
Branch Phone Number	
City, State, Zip	
Transit/ABA Number <small>(1st set of #'s on bottom of check)</small>	
Account Number <small>(2nd set of #'s on bottom of check)</small>	
Amount to Deposit into Account (Choose One)	Percentage: _____% Fixed Amount \$ _____

This authorization is to remain in full force and effect until the Maple Heights Board of Education has received written notification from me and my intent to terminate Direct Deposit in such a manner to afford the Maple Heights Board of Education and the specified Bank a reasonable period of time to terminate Direct Deposit.

Name: _____ Signature: _____

Date: _____

- A voided check is required for each account and/or depository listed above.
- Please forward to Treasurer's Office, ATTENTION: PAYROLL.