

LOUDONVILLE-PERRYSVILLE EXEMPTED VILLAGE SCHOOL DISTRICT

DIRECT DEPOSIT PAYROLL AUTHORIZATION FORM

Financial Institution Name _____
Routing Number _____
Employee Account Number _____
Type of Account: Checking Savings
 % Amount _____

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Please supply a deposit ticket (if numbers match bottom of check) or a voided check for the applicable checking account to help ensure accuracy.

This authority will remain in effect until the Treasurer of Loudonville-Perrysville EVSD has received notification from me of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

PRINT NAME _____

SIGNATURE _____ DATE _____

REQUIRED:
Classified Sub: Your direct deposit notice will be sent to an email you provide.

Email: _____