



**SHEFFIELD-SHEFFIELD LAKE CITY SCHOOLS DISTRICT
AUTHORIZATION AGREEMENT ACH DEPOSIT FOR EMPLOYEES**

YOU MUST PROVIDE A COPY OF A VOIDED CHECK TO PROCESS.

I, _____, authorize the Sheffield-Sheffield Lake City School District
(PLEASE PRINT NAME)

to direct deposit my net pay in accordance with the information I have supplied below. It is my understanding that this authorization will remain in effect unless otherwise changed or cancelled by me in writing.

Bank Name:

Routing Number:

Account Number:

Type of Account: Checking Savings

Email Address for Direct Deposit Notification:

Signature:

Date:

For Treasurer's Office Use Only: Date Processed: _____