



# Triway Local School District

3205 Shreve Rd Wooster, OH 44691 PH: 330-264-9491 FAX: 330-262-3955

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

This document authorizes Triway Local School District to send credit entries (and appropriate debit & adjustment entries) electronically to my account(s) indicated below. This authorization will be in effect until Triway Local School District receives a written termination notice from me and has a reasonable opportunity to act upon the request.

### Primary Account:

Type of Account:  Checking  Savings

Bank/Credit Union Name: \_\_\_\_\_

Routing Number \_\_\_\_\_

Account # \_\_\_\_\_

Percentage  % *or* Dollar \$

Amount to be deposited to this account: \_\_\_\_\_

### Secondary Account:

Type of Account:  Checking  Savings

Bank/Credit Union Name: \_\_\_\_\_

Routing Number \_\_\_\_\_

Account # \_\_\_\_\_

Percentage  % *or* Dollar \$

Amount to be deposited to this account: \_\_\_\_\_

**\*\*\*\* A voided check must be attached to this form. In-lieu of a voided check, an account confirmation letter from the financial institution is acceptable. \*\*\*\***

Print name: \_\_\_\_\_

Signature / Date: \_\_\_\_\_

Submit completed form to the Treasurer's Office.