



Warren City Schools

Office of the Treasurer

105 High St. NE
Warren, Ohio 44481
(330) 841-2321, Ext 7110

IF CHANGING YOUR CURRENT DIRECT DEPOSIT INFORMATION, PLEASE ATTACH LETTER GIVING PAYROLL THE PERMISSION TO CANCEL YOUR OLD ACCOUNT.

DIRECT DEPOSIT FORM

Name: _____ **Emp.#:** _____
Date: _____

I (we) hereby authorize the Board of Education, Warren City School District, hereinafter called BOARD, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until the BOARD has received written notification from me (or either of us) of its termination in such time and manner as to afford the BOARD and DEPOSITORY time to act on it, AT LEAST TWO WEEKS BEFORE PAYDAY. If this is a joint account name, social security number and signature of each is required.

Please realize that your FIRST payroll check will be a paper check. You will have to cash or deposit it. This is done for account verification. After verification, your NEXT payroll check which is typically your second payroll, will be directly deposited in your bank account.

The DEPOSITORY has provided the following information for you to initiate entries to my (our) account:

BANK NAME: _____ **PHONE#:** _____

BANK ADDRESS: _____

ABA ROUTING#: _____ **ACCOUNT#:** _____

CHECKING: _____ **SAVINGS:** _____ *You must check one!*

CERTIFIED BY (Bank Employee): _____

EMPLOYEE'S SIGNATURE

SPOUSE'S SIGNATURE

EMPLOYEE SOCIAL SECURITY NUMBER

SPOUSE SOCIAL SECURITY NUMBER

EMPLOYEE EMAIL ADDRESS – NEEDED FOR DELIVERY OF DIRECT DEPOSIT STUB
(PLEASE PRINT EMAIL ADDRESS)