

MADEIRA CITY SCHOOL DISTRICT
AUTHORIZATION AGREEMENT
DIRECT DEPOSIT

_____ NEW ENROLLMENT

_____ CHANGE ENROLLMENT

I hereby authorize the Madeira City School District, hereinafter call "District", to initiate electronic entries to my checking and/or savings account indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

CHECKING ACCOUNT	\$ OR %
FINANCIAL INSTITUTION NAME	
CITY	
STATE	
ROUTING/TRANSIT NUMBER	
ACCOUNT#	

SAVINGS ACCOUNT	\$ OR %
FINANCIAL INSTITUTION NAME	
CITY	
STATE	
ROUTING/TRANSIT NUMBER	
ACCOUNT#	

This authority is to remain in full force and effect until you separate from the employment of the District. Making changes including but not limited to new bank account, routing number, new allocation of funds requires written notification. **Any changes can take up to 30 days.**

EMPLOYEE LEGAL NAME: FIRST, MIDDLE, LAST	
SOCIAL SECURITY NUMBER	
SIGNATURE	
DATE	
EMAIL FOR PAYROLL STUB	

SECTION BELOW SHOULD BE COMPLETED BY AN EMPLOYEE OF THE BANK OR DEPOSITORY INSTITUTION:

I certify that the above routing/transit number, and account number are valid and we are an ACH member.

BANK/INSTITUTION EMPLOYEE NAME	
BANK PHONE #	
BANK EMPLOYEE TITLE	
BANK/INSTITUTION NAME	

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Direct deposit and email notification of your Direct Deposit stub is mandatory for all employees of the District. Payroll dates are on the 1st and 15th of each month. Net pay is transferred electronically to the designated financial institution. Funds may be deposited into a checking and/or savings account, however, 100% of net pay must be electronically transferred.

An email is sent to the employee's designated email of your direct deposit on each pay date. The direct deposit is NOT verification that funds have been deposited into the designated account/s. It is the responsibility of each employee to confirm receipt of funds to the designated account. Net pay should be posted to the designated account at 12 midnight of each scheduled payday. Each employee should confirm with their designated institution when funds will be posted.

Automatic payroll deductions for bill payment by the designated institution should be set up after the 1st or 15th.

Authorization information on page 1 must be completed by the employee, signed by the employee and verified and signed by a representative from the designated financial institution OR a cancelled check must be provided to the District.

It is the employee's responsibility to verify funds have been transferred into the designated account on each pay date. If it is determined that an electronic deposit did not occur please contact the District Coordinator of Payroll and Benefits, Melody Gregory, 513-924-3701, mgregory@madeiracityschools.org. The District is not responsible for insufficient funds in the designated account.

Return both pages of the Authorization Agreement to the District Payroll and Benefits Coordinator. In the event a bank account is closed or changed it is the employees responsibility to notify the District at least 30 days in advance of a change.

Questions should be directed to Melody Gregory, 513-924-3701, mgregory@madeiracityschools.org.

I have read and understand the above information.

Employee Signature

Date