



Franklin City Schools

Authorization Agreement for Direct Deposit Payroll

Employee Information

Employee Name: _____

I hereby authorize the Franklin city Schools to initiate electronic entries to my:

Please select one: _____Checking _____Savings

Account indicated below, and the Financial Institution named below to credit and/or debit the same to such account.

Financial Institution Information

Financial Institution Name: _____

City, State: _____

Routing/Transit Number: _____

Account Number: _____

This authority is to remain in full force and effect until the Franklin City Schools has received written notification from me of its termination in such time and in such manner as to afford Franklin City Schools and the Financial Institution a reasonable opportunity to act on it.

Signature: _____

SSN#: _____

Email address: _____ (For Direct Deposit Notification)