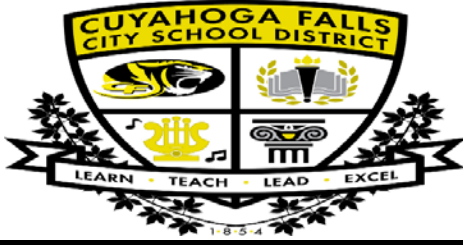


CUYAHOGA FALLS CITY SCHOOL DISTRICT



Harold E. Wilson Administrative Center
 Office of the Treasurer
 431 Stow Avenue
 Cuyahoga Falls, Ohio 44221

Direct Deposit Sign-Up Form

Employee Information

NAME OF EMPLOYEE (Last, First, MI) _____

STREET ADDRESS: _____

CITY, STATE ZIP: _____

TELEPHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

Bank Information

NAME OF FINANCIAL INSTITUTION (Bank Name): _____

TYPE OF ACCOUNT (Checking or Savings): _____

ROUTING NUMBER (number on bottom left of check):

--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--

** Please include a void check **

Testing Your New Account

On your first pay day the system will run a test on your account. This will generate a paper check. How would you like to receive this check?

Mail to your home address (as shown above)

Send to my building: _____

Pick up in the Treasurer's Office

Changing Receiving Financial Institution

The payee's Direct Deposit will continue to be received by the selected financial institution until the school district is notified by the employee that the employee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the employee will complete a new *Direct Deposit Sign-Up Form* at the Treasurer's Office of the school district. It is recommended that the employee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the employee's Direct Deposit payment.

Employee Certification

In signing this form, I authorize my payment to be sent to the financial institution named above to be deposited to the designated account.

Employee Signature

Date Signed

FOR PAYROLL USE ONLY:
 EFFECTIVE PAY DATE: _____