



MILFORD

EXEMPTED VILLAGE SCHOOLS

1099 State Route 131
Milford, Ohio 45150
Office: (513) 831-1314
Fax: (513) 965-6159

www.milfordschools.org

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (MANDATORY)

THIS IS A: New Request _____ Change Request _____ Cancellation _____

I hereby authorize the Milford Exempted Village School District to initiate electronic entries to my:
Checking _____ Savings _____. (Select only one. Use a separate form for each account).

FINANCIAL INSTITUTION NAME _____
ROUTING/TRANSIT NUMBER _____
ACCOUNT NUMBER _____

This request is to remain in full force until **written notification** is received from me. (Please notify the Payroll Department **2 weeks** in advance of any change).

NAME _____ SS # _____ - _____ - _____
SIGNATURE _____ DATE _____
Email address _____

PLEASE PROVIDE A VOIDED CHECK or DEPOSIT SLIP (SAVINGS ACCOUNT) or AN ACCOUNT AND ROUTING NUMBER CERTIFICATION FORM FROM YOUR BANK