OAK RIDGE SCHOOLS

DIRECT DEPOSIT ENROLLMENT FORM

Authorization Agreement for Automatic Deposits (ACH Credits)

OAK RIDGE SCHOOLS **IS #62-6014956**

I authorize Oak Ridge Schools and the financial institution listed below to electronically deposit my net pay to the specified account each payday:

Select Only One: ☐ Checking ☐ Savings

_____
Bank Name

_____
City State Zip

_____ _____
Bank Transit/ABA Number (Routing Number) Employee's Bank Account Number

☐ **I have attached the required VOIDED CHECK or DIRECT DEPOSIT AUTHORIZATION from my bank.**

If monies to which I am not entitled are deposited to my account, I authorize Oak Ridge Schools to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment with Oak Ridge Schools.

_____ _____
Employee Name (Please print) Social Security Number

_____ _____
Signature Date