

Copley-Fairlawn City Schools

Direct Deposit Authorization Form

**PLEASE ATTACH A DIRECT DEPOSIT AUTHORIZATION FORM FROM YOUR BANK
OR A COPY OF A VOIDED CHECK TO THIS FORM**

I hereby authorize the Copley-Fairlawn City School District (hereinafter called THE DISTRICT) and the financial institution named below to initiate electronic credit entries and, if necessary, debit entries to my account listed below:

Financial Institution Name

City, State, Zip

Routing # (1st group of #'s on check)

Account # (2nd group of #'s on check)

Checking Account

-or-

Savings Account

Enter your email address if you would like to receive your direct deposit notice via email:

Email Address: _____

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

Print Name

Signature