



Noble Local School District
20977 Zep Road East
Sarahsville, Ohio 43779
740.732.4120

Payroll Direct Deposit Authorization Form

COMPLETE IN INK - DO NOT FAX OR EMAIL

(Please Type or Print)

Employee Name _____

Employee email address _____@gozeeps.org

NOTE: Requests must allow sufficient time for processing and bank pre-notification.

Employees may select up to three separate accounts. You will receive a detailed Advice of Deposit via your gozeeps.org email account.

Complete the account designation boxes (up to 3) including routing and account numbers, and attach the following required documentation:

•**Checking Account:** Attach a voided check or deposit slip.

•**Savings Account:** Attach documentation from financial institution.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings I: :I. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts, even if only one is changing. Enter the lowest % or \$ amount first and the highest % or \$ amount last. This form overrides (replaces) all prior designations.

Account #1	Account Type:	<input type="radio"/> Checking (Attach voided check)	<input type="radio"/> Savings (Attach financial institution documentation)
	Bank Name:	_____	
	Bank Address:	_____	
	Routing# (9 digits)	_____	Account # _____
	Requested amount for this account: (select one)	<input type="radio"/> Specific \$ Amount: \$ _____ <input type="radio"/> Entire Balance	

Account #2	Account Type:	<input type="radio"/> Checking (Attach voided check)	<input type="radio"/> Savings (Attach financial institution documentation)
	Bank Name:	_____	
	Bank Address:	_____	
	Routing# (9 digits)	_____	Account # _____
	Requested amount for this account: (select one)	<input type="radio"/> Specific \$ Amount: \$ _____ <input type="radio"/> Remaining Balance	

Account #3	Account Type:	<input type="radio"/> Checking (Attach voided check)	<input type="radio"/> Savings (Attach financial institution documentation)
	Bank Name:	_____	
	Bank Address:	_____	
	Routing# (9 digits)	_____	Account # _____
	Requested amount for this account: (select one)	<input type="radio"/> Remaining Balance	

Authorization Agreement: I hereby authorize the Noble Local School District to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the Noble Local School District to make the appropriate adjustment(s).

Employee Signature: _____

Date: _____