

**READING COMMUNITY CITY SCHOOLS**  
**AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT**

I hereby authorize the Reading Board of Education to initiate credit entries to my (select one):

\_\_\_\_\_ Checking Account (Please attach voided check)  
\_\_\_\_\_ Savings Account (Please attach deposit slip)

Indicate below the depository bank(s) and account number(s) for credit:

#1	<b>BANK NAME</b> _____	<b>BRANCH</b> _____	
	<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP</b> _____
	<b>ACCOUNT NUMBER</b> _____		

#2	<b>BANK NAME</b> _____	<b>BRANCH</b> _____	
	<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP</b> _____
	<b>ACCOUNT NUMBER</b> _____		

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

**NAME** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

I authorize the above notification to be sent via e-mail at the below email address in lieu of a paper copy.

**EMAIL:** \_\_\_\_\_

Attach a voided check below and return to the Treasurer's Office, 1301 Bonnell Ave, Reading, OH 45215

