

NEW EMPLOYEES (INCLUDING SUBSTITUTES) HIRED AFTER OCTOBER 1, 1995 ARE REQUIRED TO PARTICIPATE. When completing this form please fill in the dollar amount or the percentage of your check you wish to have deposited. If you choose the percentage method, please write the names of the institutions where you wish to have your money deposited and list the individual percentage amounts. If you choose the dollar method, please list the amount to be deposited at each bank and indicate at which bank you want the balance to be deposited and in which account.

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

LEXINGTON LOCAL SCHOOLS - LEXINGTON OHIO

I hereby authorize Lexington Local Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

FINANCIAL INSTITUTION NAME	*TRANSIT/ABA NO.	ACCOUNT NO.	TYPE OF ACCOUNT
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1. _____	_____	_____	<input type="checkbox"/> CHK <input type="checkbox"/> SAV
Location _____	**%	AMOUNTS \$ _____	

2. _____	_____	_____	<input type="checkbox"/> CHK <input type="checkbox"/> SAV
Location _____	**%	AMOUNTS \$ _____	

3. _____	_____	_____	<input type="checkbox"/> CHK <input type="checkbox"/> SAV
Location _____	**%	AMOUNTS \$ _____	

The authority is to remain in full force until EMPLOYER has received written notification from me of its termination in such time manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

DATE _____ SIGNATURE _____ SS# _____

NAME _____ HOME PHONE # _____

(Please Print)

* Nine digit number that appears on the bottom left side of check or deposit slip

** Percentages must add up to 100%