



Lake County Educational Service Center  
8221 Auburn Road, Concord, OH 44077  
Phone: 440-350-2563  
Email: payroll@lakeesc.org

## Direct Deposit Agreement Form

### Authorization Agreement

I hereby authorize the Lake County Educational Service Center (LCESC) to initiate automatic deposits to my account at the financial institution named below. I also authorize the LCESC to make withdrawals from this account, after notification of employee, in the event that a credit entry is made in error.

I agree to not hold the LCESC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I further agree to make any changes to this agreement via a submission of a new Direct Deposit Agreement form to the Payroll Department. This agreement will remain in effect until employment is terminated with LCESC.

### Account Information

1. Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number \_\_\_\_\_

Amount or Percent to be deposited: \_\_\_\_\_  Checking  Savings

2. Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number \_\_\_\_\_

Amount or Percent to be deposited: \_\_\_\_\_  Checking  Savings

3. Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number \_\_\_\_\_

Amount or Percent to be deposited: \_\_\_\_\_  Checking  Savings

### Email for Direct Deposit Notices

Employee Email Address : \_\_\_\_\_

### Signature

**\*\*\*\*\* A COPY OF A VOIDED CHECK OR DEPOSIT SLIP IS REQUIRED TO BE SUBMITTED WITH THIS FORM\*\*\*\*\***

Authorized Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (Printed) \_\_\_\_\_