



CINCINNATUS
CENTRAL SCHOOL DISTRICT

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DIRECT DEPOSIT AGREEMENT

By completing the information below, I agree to have my paycheck or a portion (as indicated) of my paycheck directly deposited into my bank account.

Employee Name _____

Bank Name _____

Checking Account _____ Savings Account _____

Bank Routing Number _____

Bank Account Number _____

AMOUNT OF DEPOSIT:

Check here if entire net is to be deposited _____

Check here if other amount is to be deposited (please specify amount) _____

Additional bank information if necessary

Bank Name _____

Checking Account _____ Savings Account _____

Bank Routing Number _____

Bank Account Number _____

Amount of Deposit _____

Should I wish to cease the direct deposit, I will notify the personnel/payroll department in writing.

Signature _____

Date _____