

# Lake County Educational Service Center

30 S. Park Place, Suite 320, Painesville, Ohio 44077  
(440) 350-2563 Fax (440) 350-2566

## 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 not to 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 agree that I will provide the LCESC with a valid email address for the delivery of my electronic Direct Deposit Notice. I agree to be responsible to keeping this information up to date.

This agreement will remain in effect until employment is terminated with the LCESC. I further agree to make any changes to this agreement in writing to the Payroll Department.

### Account Information

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

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

Account Number: \_\_\_\_\_  
Checking  Savings

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

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

Account Number: \_\_\_\_\_  
Checking  Savings

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

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

Account Number: \_\_\_\_\_  
Checking  Savings

### Email Address for Electronic Direct Deposit Notices

Email address: \_\_\_\_\_

### Signature

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

**Please attach a voided check (or copy) and return this form to the Payroll Department.**