



This is a .pdf fillable form. Email the completed form and bank document to: **COGPayroll@escoco.org**

Direct Deposit Authorization Form

The Treasurer of the Educational Service Center of Central Ohio is hereby authorized to initiate credit entries for payment of salary to the following employee's account.

Employee's Name: _____

1. Name of Primary Financial Institution: _____

Routing Number of Primary Financial Institution: _____

Account Number of Primary Financial Institution: _____

Check one: checking account savings account

Verification required: If the financial institution is a checking account, *please provide a voided check or a copy of voided check to verify the account number and routing number.* If the financial institution is a savings account, please provide a copy of your bank statement to verify account number, a deposit slip pre-printed with the account, or a form from the institution that provides the account and routing numbers for verification.

Signature of Employee:

Date:

To specify a dollar amount to be deposited each pay in up to two additional accounts and/or financial institutions, please complete the following and also please provide the necessary verification (as noted above):

2. Name of Financial Institution: _____

Routing Number of Financial Institution: _____

Account Number of Financial Institution: _____

Amount Per Pay (required): \$ _____

Check one: checking account savings account

3. Name of Financial Institution: _____

Routing Number of Financial Institution: _____

Account Number of Financial Institution: _____

Amount Per Pay (required): \$ _____

Check one: checking account savings account