OHIO VALLEY EDUCATIONAL SERVICE CENTER DIRECT DEPOSIT AUTHORIZATION FORM

I authorize my employer, Ohio Valley Educational Service Center, Peoples Bank and the financial institution listed below to initiate electronic credit entries and if necessary, debit entries and adjustments for any credit entries that were incompletely funded by my employer or for any credit entries otherwise in error to my account. This authority will remain in effect until my employer or I cancel it in writing.

Further, I understand that it is my sole responsibility to notify my employer of any changes in my financial institution.

New Enrollee OR Change of Information - (Please complete new account section only) (Please complete both new and old	
Employee Name	
ACCOUNT 1 CHECKING (23)	SAVINGS (33)
	City/State/Zip er at your Financial Institution
ACCOUNT 2 CHECKING (23)	SAVINGS (33)
% or \$ to deposit into this a	
*Your entire paycheck amount must be direct deposited. If choosing a fixed dollar amount for one of your accounts, the balance (100%) will be deposited into the other account.	
ACCOUNT 1 CHECKING (23)	SAVINGS (33)
	er at your Financial Institution
ACCOUNT 2 CHECKING (23) Financial Institution & Branch	SAVINGS (33)
Financial Institution & Branch	City/State/Zip
Routing/Transit Number Your Account Number at your Financial Institution to deposit into this account	
Email Notification of Direct Deposit OR *If you selected Email Notification, please provide up to two	Direct Deposit Notification by US Mail
	to email address to be used for notification
Email address 1	Email address 2

Date

EmployeeSignature