

HILLIARD CITY SCHOOLS
2140 Atlas Street Columbus OH 43228

EMPLOYEE ACH AUTHORIZATION FORM
Please provide all required information listed below

I hereby authorize Hilliard City Schools to initiate ACH electronic payments to the account indicated below and acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. Law.

EMPLOYEE INFORMATION	
NAME:	_____
ADDRESS:	_____
CITY/STATE/ZIP CODE:	_____
PHONE:	_____
EMAIL:	_____

FINANCIAL INSTITUTION INFORMATION	
FINANCIAL INSTITUTION:	_____
Routing/Transit #:	_____
Account Number:	_____
Type: (Checking/Savings)	_____ Checking _____ Savings

This authority is to remain effective until Hilliard City Schools has received written notification from me of its termination in a timely manner in order to afford Hilliard City Schools and Financial Institution a reasonable amount of time to act upon it.

Signature of Authorized Signer: _____
Date: _____

*Please complete this form and return through interschool mail to the Treasurer's Office or mail to Hilliard City School District 2140 Atlas St., Columbus OH 43228