



Mansfield City Schools

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Mansfield City Schools Administrative Offices

P.O. Box 1448
Mansfield, Ohio 44901

Physical Location
856 West Cook Road

Phone: 419-525-6400
Fax: 419-525-6415

Board of Education

Ms. Renda Cline
Mr. Chris Elswick
Mr. Gary Feagin
Mrs. Linda Golden
Mrs. Sheryl Weber

Administration

Stan Jefferson
Superintendent

Tacy Courtright
Treasurer

Mark Wilcheck
Director of Personnel

Stephen Rizzo
Chief Academic Officer

Dr. Holly Christie
Director of Student Support
Programs

Jonathan Burras
Director of Special Education

Andrea Moyer
Director of School Improvement

Notice of Nondiscrimination

Mansfield City Schools District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities.

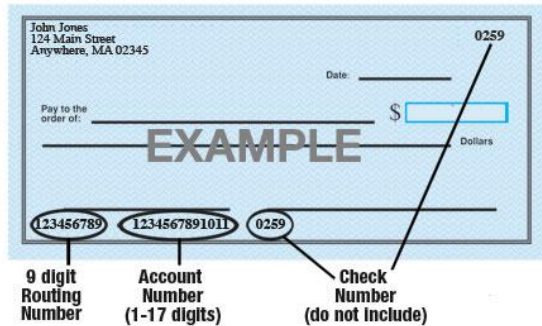
We are an equal opportunity employer.

Name: _____

Address: _____

City, State, Zip: _____

PLEASE NOTE: Your 1st paycheck will be a physical check, not a direct deposit.



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check for the bank account to which funds should be deposited.

Mansfield City Schools is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____

Date: _____

CANCEL DIRECT DEPOSIT

I wish to cancel my authorization for direct deposit. I understand this may take 2 or 3 pays.

Name

Social Security #

Date

Signature

Focused on student learning; building tomorrow's dreams.