



I hereby authorize Northern Kentucky Cooperative for Educational Services (NKCES) to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s).

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Checking Savings Other

Routing/Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ . ____ or Entire Net Amount

2. Bank Name/City/State: _____

Checking Savings Other

Routing/Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ . ____ or Entire Net Amount

3. Bank Name/City/State: _____

Checking Savings Other

Routing/Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ . ____ or Entire Net Amount

4. Bank Name/City/State: _____

Checking Savings Other

Routing/Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ . ____ or Entire Net Amount

5. Bank Name/City/State: _____

Checking Savings Other

Routing/Transit #: _____ Account Number: _____

I wish to deposit: \$ _____ . ____ or Entire Net Amount

The authority shall remain in full force and effect until NKCES, has received written notification from me of its termination in such time and in such a manner as to afford NKCES and the bank a reasonable opportunity to act upon the termination request.

Name _____

Date _____

Signature _____

DIRECT DEPOSIT MAY TAKE TWO PAY PERIODS TO BECOME EFFECTIVE