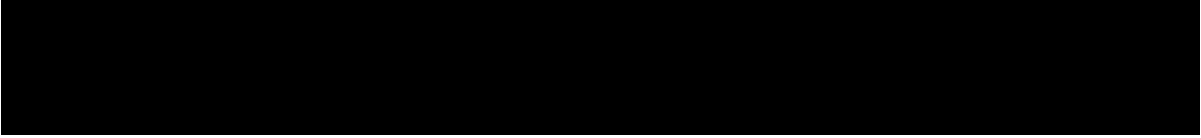


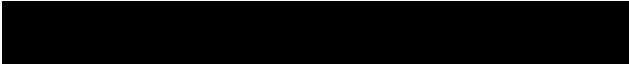
DIRECT DEPOSIT AUTHORIZATION

Employee Name: Lisa Hoefler

Address: 

Name of Bank or Financial Institution: 

Bank Address: 

Routing Number: 

Account Number: 

Savings: _____

Checking: X

*** ATTACH A VOIDED CHECK, PHOTOCOPIED CHECK, OR LETTER FROM YOUR FINANCIAL INSTITUTION ***

Type of request (check where appropriate):

X **new direct deposit**
If you are cancelling a currently active deposit and replacing it with this, provide bank name of the deposit and the amount to be cancelled.

_____ **additional direct deposit**
Indicate the dollar amount to go to this account \$_____.
The remainder of your check will go to your primary direct deposit.

_____ **amended direct deposit**
If you already have direct deposit set up and are only amending the amount, provide the bank name of the direct deposit and the new amount you want to be deposited:

I hereby authorize the Watervliet City School District to electronically deposit my net pay each pay period to the financial institution indicated. I understand that the Watervliet City School District acts as my agent for the purpose of remitting my net pay to the financial institution and that the school district assumes no further function or responsibility in connection with my account.

By signing this authorization, the employee and each joint tenant, if any, consent to allow the Watervliet City School District, through their financial institution, to debit the account upon notice to the account owners, in order to recover any salary in which the employee was not entitled which was deposited to the account in error or by mistake. This means of recovery shall prevent the Watervliet City School District from utilizing any other lawful means to retrieve salary payments to which the employee is not entitled.

The Watervliet City School District cannot be held responsible for any circumstances which delay the timely deposit of funds to an employee's account(s).

This authorization is to remain in full force and effect until the Watervliet City School District has received written notification from me of its termination in such time and manner as to afford the Watervliet City School District and the financial institution a reasonable opportunity to act on it. I understand that I may modify this authorization for any reason only once per school year.

To ensure that my account is properly credited, I have attached a voided check, photocopied check, or letter from my financial institution.

Lisa Hoerber
Signature

3/20/2020
Date


Signature of joint account owner (if any)

3/20/2020
Date

KeyBank
P.O. Box 93885
Cleveland, OH 44101-5885

Key Advantage Money Market Checking Statement

March 9, 2020

31 T 0071 0000 R 46 AO

LISA M HOEFER

Questions about your account?
1-800-KEY2YOU (1-800-539-2968)

Or, write us:
KeyBank National Association
P.O. Box 94825
Cleveland, Ohio 44101

Mail Deposits to:
KeyBank Research and Adjustments
Attn: Customer Deposits
555 Patroon Creek Blvd.
NY-31-55-0105
Albany, NY 12206

Get less mail and enroll in Online Statements today!



Key Advantage Money Market Checking

Account number:

Deposits

Date	Description	Amount
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Withdrawals

Date	Description	Amount
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KeyNotes

