

BOARD OF EDUCATION MARQUARDT SCHOOL DISTRICT 15

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

This is a new agreement

This is a change to
previous agreement

NAME OF EMPLOYEE: _____

LOCATION: _____

SOCIAL SECURITY # _____ - _____ - _____

PLEASE ATTACH A VOIDED CHECK OR SOMETHING DIRECTLY FROM THE BANK SHOWING YOUR ACCOUNT AND ROUTING NUMBERS TO THIS AUTHORIZATION. NO CHANGE CAN BE MADE WITHOUT THIS INFORMATION.

NAME OF BANK: _____

ACCOUNT # (CHECKING) _____

ROUTING # _____

AMOUNT: _____

ACCOUNT # (SAVINGS) _____

ROUTING # _____

AMOUNT: _____

When using two accounts, then one account must have a DOLLAR AMOUNT and the BALANCE OF PAYROLL CHECK must be deposited into other account. If using one account, put 100% in it.

I hereby authorize the payroll department of Marquardt School District 15 to direct deposit my paycheck in the above manner.

(Signature)

(Email Address)

(Date)