

Maryville City Schools

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

I hereby authorize **MARYVILLE CITY SCHOOLS** to initiate entries into my checking and/or savings account(s) in the bank or credit union names below. Please note that Bank or Credit Union #1 must be 100% of remaining pay after an optional dollar amount to Bank or Credit Union #2. Deposits are limited to two accounts.

1) Bank or Credit Union Name _____
Account Number _____
Routing Number _____

Checking () Savings () % of pay - 100%

2) Bank or Credit Union Name _____
Account Number _____
Routing Number _____

Checking () Savings () Dollar amount \$ _____
(Please note Bank or Credit Union #2 is optional)

Please attach a blank, voided check for each account.

This authorization is to remain in full force and effect until Maryville City Schools receives written notification from me of its termination in such a time and in such a manner as to afford Maryville City Schools a reasonable opportunity to act upon it.

Print Name _____ School _____

Signature _____ Date _____