

METROPOLITAN SCHOOL DISTRICT OF WABASH COUNTY
EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the Metropolitan School District of Wabash County to initiate credit entries to my Checking or Savings account in the "Depository Institution" named below, and I authorize the "Depository Institution" to accept and credit the amount of such entries to my account.

SELECT ONE OF THE FOLLOWING OPTIONS:

OPTION 1 (Circle type of account)

Paycheck to be deposited in **ONE** account.

Name of Financial Institution _____

Routing # _____ ACCT # _____ Checking Savings

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OPTION 2 (Circle type of account)

Paycheck to be divided between **TWO** accounts.

1. Name of Financial Institution _____

Routing # _____ ACCT # _____ Checking Savings

AMOUNT _____

2. Name of Financial Institution _____

Routing # _____ ACCT # _____ Checking Savings

(Balance of paycheck will be deposited)

This authority is to remain in full force and effect until the Metropolitan School District of Wabash County has received written notification from me of its termination in such time and in such manner as to afford reasonable opportunity to act on it.

Name _____ Last 4 digits of Social Security# _____

Signature _____ Date _____

YOU MAY ATTACH A COPY OF A VOIDED CHECK FOR VERIFICATION OF ACCOUNT NUMBERS