

METROPOLITAN SCHOOL DISTRICT OF LAWRENCE TOWNSHIP
 AUTOMATIC DEPOSIT AUTHORIZATION

_____ New Authorization
 _____ Change Prior Authorization as Noted Below

I hereby authorize Metropolitan School District of Lawrence Township hereinafter called EMPLOYER, to initiate credit entries (and if necessary debit entries to adjust the credit entries) to my bank account(s) listed below. I authorize the DEPOSITORY bank to credit or (debit) the same entries to such account(s).

***Please attach a voided unused check for each account that you wish to use.**

	Bank Name	City, State	Routing #/ *Transit/ABA No.	Type of Account		Account No.	Flat Amount from each (or) Net Pay	Percent of each Net Pay
				"C" Checking	"S" Saving			
1							Balance of Net Pay	*****
2								
3								
4								
5								

This authority is to remain in full force and effect until EMPLOYER has received written notification from me to terminated the the instructions herein and has a reasonable opportunity to act on it.

 Social Security Number

 Date/Employee #

 Employee Signature

 Printed Name

** If more than one account is used, line 1 must be the primary account and any balance of net pay remaining after deductions 2 through 5 will be deposited in the account shown on line 1.

If funds to which I am not entitled are deposited to my account, I authorize you to direct the bank to return said funds.