

AUTHORIZATION AGREEMENT
FOR AUTOMATIC PAYROLL DEPOSIT

Employee Name: _____

I hereby authorize Mercer Island School District to make payroll deposits to my bank account(s) indicated below:

Make sure to indicate what type of account and amount to be deposited (if less than your total net paycheck).

Bank Name: _____

City: _____ State: _____ Zip: _____

Checking Savings I wish to deposit \$ _____ or Entire
Net Amount

Bank Name: _____

City: _____ State: _____ Zip: _____

Checking Savings I wish to deposit \$ _____ or Entire
Net Amount

PLEASE ATTACH A VOIDED CHECK
FOR YOUR BANK ACCOUNT(S)

This authority is to remain in full force and effect during my employment with the Mercer Island School District. I understand that this payroll warrant will be routed through a banking institution of the district's choice.

I understand that thirty (30) days' notice, in writing, to the Mercer Island School District is required if I change banks and/or accounts.

Signature: _____ Date: _____