



# Macon County R-I School District

902 North Missouri

Macon, MO 63552

660.395.6164

## DIRECT DEPOSIT

I hereby authorize Macon R-I School District to initiate credit entries (deposits) into my account.

NAME \_\_\_\_\_  
Last First MI

POSITION \_\_\_\_\_ BUILDING \_\_\_\_\_

*Please fill in account information below and provide a voided check or bank form with necessary information*

### DIRECT DEPOSIT INFORMATION

Name of Bank/Institution \_\_\_\_\_

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Bank Transit/ABA #

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Account Number

Type of Account  Checking  Savings

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Attach a pre-printed voided check for the above account and return completed form to HR Dept.*

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