

MOUNT PLEASANT CENTRAL SCHOOL DISTRICT **EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM**

I wish to have my employer deposit my net pay and /or fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes so that my pay may be properly distributed. Please note that, due to timing differences, new or changed direct deposits may result in one paper check after this form has been submitted. Please do not close your account(s) without giving your payroll office two weeks prior notice.

YOUR NAME _____(Please Print)

SS# XXX-XX _____(Last 4 Digits)

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Name of Bank _____

Net Amount / *Percentage _____Checking

Routing Number _____

Account Number _____

Name of Bank _____

Net Amount / *Percentage _____Savings

Routing Number _____

Account Number _____

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* Percentage must equal 100%. This authority is to remain in full force and effective until the Payroll Office has received written notification from me to terminate such agreements in a reasonable time as to afford them and the Depository time to act on it.

Date _____SIGNATURE _____

STAPLE VOIDED CHECK(S) HERE