

**MERRILLVILLE COMMUNITY SCHOOL CORPORATION
DIRECT DEPOSIT AUTHORIZATION**

NAME _____

If you would like your entire check deposited into one account please supply your bank information and leave the amount blank.

If you would like to deposit your check into more than one account please supply bank information accordingly. Indicate a dollar amount for one account only. The balance of your check will be direct deposited into the account with the amount left blank.

If you wish to direct deposit to more than two accounts please contact Michele at ext. 6001 or via email at mcaputo@mvsc.k12.in.us

NAME OF BANK _____	CITY, STATE, ZIP _____
ACCOUNT # _____	AMOUNT \$ <u>Balance of check to be deposited</u>
☐ Checking ☐ Savings	Please indicate whether this is a checking or savings account

NAME OF BANK _____	CITY, STATE, ZIP _____
ACCOUNT # _____	AMOUNT \$ _____
☐ Checking ☐ Savings	Please indicate whether this is a checking or savings account

PLEASE INDICATE IF THIS IS AN : **UPDATE** ☐ **OR** **NEW SETUP** ☐

My old account has been closed: Yes ☐ No ☐

Account Number of Closed account _____

If you do not answer this question and your new information has been submitted later than Wednesday, one week and two days prior to pay day your pay will be deposited in to your old account

EMPLOYEE SIGNATURE: _____

Date: _____

NOTE: Please attach a voided blank check or documentation from your bank including bank name, account, and routing information.