



**AUTHORIZATION FOR PAYROLL DEDUCTION & DISBURSEMENT
TO A CHECKING OR SAVINGS ACCOUNT THROUGH AUTOMATED CLEARING HOUSE BY
MADISON LOCAL SCHOOL DISTRICT.**

FEDERAL ID# 346001772

Employee Name: _____

Employee Number: _____

Social Security Number: _____

Bank Transit Number/ABA # Account Number Savings _____ Checking _____
If Partial, Indicate Amount \$ _____

Bank Transit Number/ABA # Account Number Savings _____ Checking _____
If Partial, Indicate Amount \$ _____

Bank Transit Number/ABA # Account Number Savings _____ Checking _____
If Partial, Indicate Amount \$ _____

*****Please attach a voided check for each account that you wish to have funds deposited into*****

AUTHORITY IS HEREBY GIVEN TO MADISON LOCAL SCHOOL DISTRICT TO MAKE THE INDICATED PAYROLL DEDUCTIONS FROM MY WAGES AND REMIT SAME TO THE ABOVE MENTIONED BANK WHICH IS AUTHORIZED TO ACCEPT AND CREDIT SAME TO MY ACCOUNT AS SPECIFIED ABOVE. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY MY WRITTEN ORDER.

DATE: _____

SIGNED: _____