



## DIRECT DEPOSIT AUTHORIZATION FORM

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

***Please attach a voided Check or Bank Authorization Form for each Account***

Please check account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution:	_____	
Address/local branch:	_____	
City, State, Zip Code:	_____	
Check Amount to be deposited:	<input type="checkbox"/> Full Net Pay	<input type="checkbox"/> Partial Net Pay \$ _____
Routing Number:	_____	Account Number: _____

Please check account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution:	_____	
Address/local branch:	_____	
City, State, Zip Code:	_____	
Check Amount to be deposited:	<input type="checkbox"/> Full Net Pay	<input type="checkbox"/> Partial Net Pay \$ _____
Routing Number:	_____	Account Number: _____

Please check account type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Institution:	_____	
Address/local branch:	_____	
City, State, Zip Code:	_____	
Check Amount to be deposited:	<input type="checkbox"/> Full Net Pay	<input type="checkbox"/> Partial Net Pay \$ _____
Routing Number:	_____	Account Number: _____

I hereby authorize School City of Mishawaka to initiate payroll deposit entries, and if necessary, debit or adjustment to my account(s) as indicated above. This authorization is to remain in full force and effect until School City of Mishawaka has received written notification from me requesting a change in status or termination of my participation, allowing reasonable time for School City of Mishawaka and the financial institution(s) to act upon my request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_