



## PAYROLL DIRECT DEPOSIT FORM (CREDIT AUTHORIZATION)

*To be filled out by employees to electronically deposit payroll dollars into his or her financial account(s).*

Employee Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

CIRCLE ONE:      CHECKING                  SAVINGS                  Amount to Deposit Per Pay Check:                  NET (ALL)

Or specify amount Per Pay Check \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

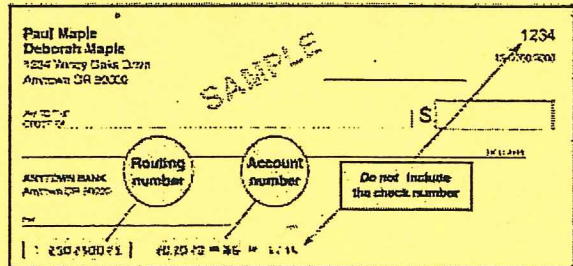
Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

\_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



**\*\*\*PLEASE ATTACH A VOIDED CHECK\*\*\***

I authorize Merrill Area Public Schools (MAPS) to initiate entries into my financial account at this financial institution, and, if necessary, initiate adjustments for transactions credited in error. This authority will remain in effect until I provide written notification to MAPS cancelling it.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date