

MADISON-PLAINS LOCAL SCHOOLS
Direct Deposit Authorization

Please complete the following and return to the Office of the Treasurer, Payroll Department.

PRIMARY ACCOUNT: ___ Checking Account ___ Savings Account
(Check only one please)

Bank Name: _____ Phone Number: _____

Address: _____

Checking Account # _____ Savings Account # _____

Routing # _____ Routing # _____

Amount to be deposited: (Check only one box)

Entire paycheck-deposit
to one account.

Entire paycheck minus the dollar
amount indicated below to be
deposited to second/third acct.

SECOND ACCOUNT: ___ Checking Acct.# _____ Savings Acct.# _____
Routing # _____ Routing # _____

Bank Name: _____ Phone Number: _____

Address: _____

Amount to be deposited: \$ _____

THIRD ACCOUNT: ___ Checking Acct.# _____ Savings Acct.# _____
Routing # _____ Routing # _____

Bank Name: _____ Phone Number: _____

Address: _____

Amount to be deposited: \$ _____

Electronic fund transfers may be made only to institutions participating in the automatic clearing house system. If you are not sure, please check with your bank. If you wish to change financial institutions, terminate direct deposit, or if you close an account which is receiving direct deposit, you must notify the payroll department not less than two weeks prior to the change.

Name (Type or Print Please)

Date received in Payroll Department:

Signature

Date