



MADRID-WADDINGTON CENTRAL SCHOOL

Direct Deposit Authorization Form

Please print and complete all information below.

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

For a checking account, attach a voided check. If you don't have a check, ask your bank to give you a letter listing the bank routing and account number. You may deposit the net amount of your check into one account or you may split your deposit into multiple accounts. If using multiple accounts, at least one account must be designated "NET" amount.

Bank Name: _____

Routing #: _____ Acct #: _____

Choose only one account type: Amount to deposit in account:

Checking Savings \$ _____ or Full NET Amount

Bank Name: _____

Routing #: _____ Acct #: _____

Choose only one account type: Amount to deposit in account:

Checking Savings \$ _____ or Full NET Amount

Bank Name: _____

Routing #: _____ Acct #: _____

Choose only one account type: Amount to deposit in account:

Checking Savings \$ _____ or Full NET Amount

MWCS is hereby authorized to deposit my pay to the bank account(s) listed above. I also authorize MWCS to initiate, debit entries and adjustments for any credit entries in error to my account. I will not hold my bank liable for any erroneous debits or adjustments. This authorization will remain in effect until I modify or cancel in writing.

Please initial _____



Employee Signature _____ Date _____

Please send my pay check to me and discontinue direct deposit.

Employee Signature and Date