

Direct Paycheck Deposit-Employee Authorization

Company Name: **Imlay City Community Schools**

Employee Name: _____ Soc Sec # _____

We are offering electronic direct deposit of your net pay. Please complete and return this form, ***along with a voided personal check or savings deposit slip*** from the account to which you want your paycheck deposited.

<u>Type of Account</u>	<u>Account Number</u>	<u>Name of Financial Institution</u>	<u>Routing Number</u>	<u>Amount (or specify if net)</u>
Checking	_____	_____	_____	_____
Savings	_____	_____	_____	_____

I Authorize the financial institution listed above to deposit my pay automatically into my account each payday. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have cancelled it in writing.

Signature: _____ **Date:** _____
