

Monroe-Gregg School District Automatic Deposit Authorization

New Authorization _____ Change Prior Authorization as Noted Below _____

Employee Name _____ Social Security Number _____

I hereby authorize Monroe-Gregg School District hereinafter called EMPLOYER to initiate credit entries (and if necessary debit entries to adjust the credit entries) to my bank account(s) listed below. I authorize the DEPOSITORY bank to credit (or debit) the same entries to such account(s).

Bank Name	City, State	*Transit/ABA Number	Type of Account: 1=Checking 2=Savings	*Account Number	Flat Amount from Each Net Pay
1.					Balance of Net Pay**
2.					
3.					
4.					
5.					

This authority is to remain in full force and effect until EMPLOYER has received written notification from me to terminate the instructions herein and has a reasonable opportunity to act on it.

DATE: _____ EMPLOYEE SIGNATURE: _____

*Please attach a copy of a voided check for each account that you wish to use.
 **If more than one account is used, line 1 must be the primary account and any balance of net pay remaining after deduction the amount on line 2 and/or 3 will be deposited in the account shown on line 1.