

PAYROLL DIRECT DEPOSIT PROGRAM (EFT)

Authorization Agreement for Automatic Payroll Deposits

▪ **Employee Information:**

Name _____

Social Security Number _____

▪ **Financial Institution Information:**

Financial Institution Name _____

Address _____
Street City State Zip

Phone () _____ - _____

Routing# _____ Account # _____
(please have your bank or credit union help you complete the routing and account number information)

Account is: Checking Savings

Deposit Amount: _____ NET
(make no entry here, this is the default value)

**Please attach a blank, voided check if you are depositing into a checking account

▪ **Authorization:**

I hereby authorize Mosinee School District to deposit my payroll earnings into the account listed above and if necessary, debit entries or adjustments for any deposits made in error to my account. This authority is to remain in full force and effect until written notice from me has been received by Mosinee School District in such a manner as to afford reasonable time to act on it. This authorization is for all payroll earnings including coaching pay, co-curricular pay, summer school, etc.

Signature _____ Date _____