



PAYROLL DIRECT DEPOSIT FORM

EMPLOYEE'S AUTHORIZATION – PLEASE FILL OUT AND RETURN TO THE PAYROLL DEPARTMENT.

I authorize Adrian Public Schools and the financial institution listed below to deposit my pay automatically as stated below. Adjusting entries to correct errors are also authorized. This authority will remain in effect until I have cancelled it in writing.

Effective Date: _____

Employee Name: _____
(please print)

_____ Checking Account or _____ Savings Account

Account Number: _____

Routing Number: _____

Financial Institution: _____

Specific Dollar Amount Per Pay Of \$ _____
(Note: if no dollar amount is specified, the net amount will be deposited.)

Employee Signature: _____

If depositing into a checking account, please attach a voided blank check