

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

Name _____

Position _____

School _____

Home Phone # _____

I authorize McFarland School District and the Financial Institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to each payday. This authority will remain in effect until there is written documentation cancelling it.

Staple VOIDED Check Here

Checking Account

Savings Account

**YOUR FIRST CHECK WILL BE A PAPER CHECK FOR
YOU TO DEPOSIT**

Financial Institution _____

Bank Routing Number/ABA _____

Account Number _____

Signature _____

Date _____

* Please note that if you are using a savings account, you should check with your financial institution to verify the routing number. **YOUR FIRST CHECK WILL BE A PAPER CHECK THAT NEEDS TO BE DEPOSITED AT YOUR BANK**

** If you do not have paper checks, please print off an acknowledgement of your account from your bank's website.*

HUMAN RESOURCES USE ONLY

ACCOUNT INFORMATION
ENTERED BY:

DATE:

ACCOUNT INFORMATION
VERIFIED BY:

DATE: