



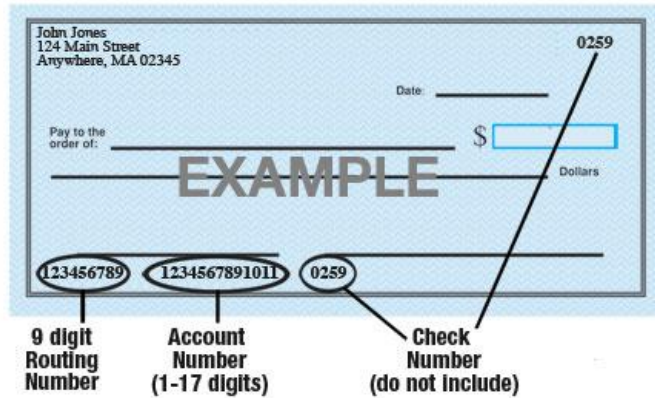
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: **Checking** **Savings** (Circle One)

Please attach a voided check if you are depositing into a checking account.

Mosinee School District is hereby authorized to directly deposit my pay to the account listed above, and if necessary, debit entries or adjustments for any deposits made in error to my account. This authorization will remain in effect until I modify or cancel it in writing. This authorization is for all payroll earnings including coaching pay, co-curricular pay, summer school, etc.

Employee Signature: _____

Date: _____