

# Maypearl Independent School District Direct Deposit Authorization Form

Name of Payee: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your Wage and Earning Statement will be sent to this address each month.

Type of Depositor Account:  Checking  Savings

Depositor Account Number:

Routing Number:

*\*Please attach a voided check or a deposit slip to ensure proper account identification\**

Name and Address of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Depositor Account Title: \_\_\_\_\_

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the MISD Administrative Office. The payee's Direct Deposit will continue to be received by the selected financial institution until the MISD Administrative Office is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will need to complete a new Direct Deposit Sign-Up Form with the new Financial Institution information. It is recommended the payee maintain accounts at both institutions until receipt of the deposit is confirmed at the new institution.

\*MISD is authorized to initiate credit entries and/or correction entries to the above mentioned account.

\*MISD will not be responsible for overdraft charges incurred on the above mentioned account in the event there is a problem with the posting to the account.

I certify that I am entitled to the payment identified above, and that by signing this form, I authorize my payment to be sent to the financial institution named above to be deposited to the designated account.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_