MONTICELLO SCHOOL DISTRICT

Employee Direct Deposit Authorization

Instructions _____

Fill out and return to District Bookkeeper.

Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1 _____

Account 1 type:　　○ Checking　　○ Savings

Bank routing number (ABA number): _____

Account number: _____

Dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account) _____

Account 2 type:　　○ Checking　　○ Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization

This authorizes MONTICELLO SCHOOL DISTRICT _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____　_____

Print name: _____　Date: _____