

Underwood Public Schools

Employee Direct Deposit Authorization

I authorize you 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 my:

Checking

Savings

each payday. This authority will remain in effect until I have cancelled it in writing.

Print Employee Name

Financial Institution Name

Institution City, State

9 Digit Transit Routing Number

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Account Number

*** Attach a Voided Check ***

Employee Signature
