

UNDERWOOD PUBLIC SCHOOL

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 Account Savings Account

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

DATE _____

Financial Institution _____

Branch _____

City/State _____

Transit Routing Number _____

Account Number _____

Printed Name _____

Signature _____

***** YOU MUST ATTACH A VOID CHECK *****