



Direct Deposit Authorization Agreement

Employee Name: _____
(Please print)

Financial Institution #1 Name: _____

Routing (9 digit) Number: _____ Deposit Amount: _____
(Enter "NET" to deposit entire paycheck)

Account Number: _____ Checking: ___ Savings: ___
(Check one of the above account types)

Financial Institution #2 Name: _____

Routing (9 digit) Number: _____ Deposit Amount: _____

Account Number: _____ Checking: ___ Savings: ___
(Check one of the above account types)

Due to pre-note requirements, direct deposit may take at least TWO payrolls to become effective.

Authorization

I hereby authorize Ionia County Intermediate School District to deposit my payroll earnings into the financial institution(s) and account(s) listed above and, if necessary, make debit or adjusting entries needed to correct any deposits made in error. This authorization will remain in effect until I have cancelled it in writing and in such a manner as to afford reasonable time to act on it. I understand that my pay stub will be available online in the eSuites portal each payday.

Employee Signature: _____ Date: _____