

Authorization Agreement for Automatic Payroll Deposit



Employee Name

Employee Number

Financial Institution Information for Net Pay Amount:

Financial Institution Name

Routing/Transit Number

Account Number Checking Savings

Additional/Optional Voluntary Deduction Amount:

_____ Not Applicable

Or

Financial Institution Name

\$ _____ Checking Savings
Deposit Amount

Routing/Transit Number

Account Number

I hereby authorize Lapeer Community Schools to deposit my payroll earnings into the account(s) listed above and if necessary, debit entries or adjustments for any deposits made in error to my account. This is to remain in full force and effect until written notice from me has been received by the payroll department in such manner as to afford reasonable time to act on it. I understand that the school will test the account and verify account correctness, in doing so, the next payroll check will be a live check.

Employee Signature

Date

Employer Use Only

Date Received _____ Date Entered _____ Entered By _____