

DIRECT DEPOSIT ENROLLMENT EMPLOYEE AUTHORIZATION

This authorization is for:	Initial Enrollment	Change	Cancellation
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For each pay period, I authorize the MISD to automatically deposit my entire net pay into the designated financial institution and account indicated below. Additionally, this authorization will permit the MISD to process adjustments in the event of an over or under deposit to my account.

I understand that I am responsible for all costs incurred by current or former financial institutions for which I have provided banking information to the MISD including but no limted to: closed accounts, ISF checks, returned check fees, outstanding balance, etc.

This authority will remain in effect until I have submitted a new, completed Direct Deposit Enrollment form. I also understand that the enrollment/changes authorized will become effective with the first pay period possible based on the processing time of the Payroll Department and the initializing time required by the bank. For those employees making changes, this may include receiving an actual check during the verification process.

Employee Signature

Please verify the transit routing number and account number with your financial institution and <u>return</u> this completed form to the Payroll Office.

Employee ID/SSN

Employee Name

Financial Institution Name

City								State										Zip							
TRANSIT ROUTING NUMBER									ACCOUNT NUMBER																
									Checking Savings ("voided" check) < Must Include > (deposit slip)																

Date