

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL CHECKS

CHECK ONE:

ADD – Deposit my pay to the account.

CHANGE – Change my financial institutions and/or account number.

I hereby authorize MARLIN ISD to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error, to my checking or savings account indicated below.

BANK NAME _____

City _____ State _____ Zip _____

If you would like to split your transaction to your savings and checking accounts located at the same financial institution, please indicate by placing both account numbers on the form. If your accounts are located at different financial institutions you are required to fill out two authorization forms, one for each institution. If you are splitting the transactions, please enter a 'fixed' amount next to one account. Any account not listing a 'fixed' amount will receive the remaining balance.

ROUTING NUMBER _____

CHECKING ACCOUNT # _____ \$ _____

SAVINGS ACCOUNT # _____ \$ _____

This authority is to remain in full force and effect until MARLIN ISD has received written notification from me of its termination in such time and in such manner as to afford MARLIN ISD and my bank a reasonable opportunity to act on it.

NAME _____ ID# _____

SIGNED _____ DATE _____

Due to the time required for MARLIN ISD and bank processing, allow one or two pay periods for processing.

PLEASE TAPE YOUR VOIDED CHECK HERE BELOW