

Direct Deposit of Pay Authorization Form

Welcome to the Direct Deposit Program. It is a safe and convenient way to have your bi-weekly payroll check deposited into any financial institute or multiple institutes of your choice.

Please fill out the information below and attach a voided check or direct deposit information from your financial institution, whichever may apply.

Completed forms should be sent to: HR Department Attention Jamie Thiel. Your direct deposit will start two pays from the receipt of the signed direct deposit form. You are responsible for notifying payroll of any changes to your account number or the closing of your account. If you should have any questions please call Jamie Thiel @ (248) 399-7800 x3407 or Jthiel@madisonschools.k12.mi.us

Part 1. Employee Information

Name _____ Employee ID No. _____

Address _____ City _____ State _____ Zip _____

Part 2. Financial Institution Information

Effective Date _____

A. Financial Institution Name _____

Type of Deduction: New Deduction _____ Change Deduction _____ Cancel Deduction _____

Net Pay or Amount Employees Bank Account Number _____

Transit/Routing Number _____ Account Type _____
(checking or savings)

B. Financial Institution Name _____

Type of Deduction: New Deduction _____ Change Deduction _____ Cancel Deduction _____

Net Pay or Amount Employees Bank Account Number _____

Transit/Routing Number _____ Account Type _____
(checking or savings)

Part 3. Employee Authorization

Employee Signature _____ Date _____