

Authorization Agreement for Automatic Deposits

School/Site	Daytime Phone	Home Phone
Name of Employee (Last, First, MI)		Social Security #
Address	City & State	Zip Code

I hereby authorize Montrose County School District (MCSD) to make deposits into my account. I understand that it could take approximately two weeks from the date that MCSD receives this authorization for direct deposits to begin.

This authorization is to remain in full force and effect until MCSD and my financial institution have received written notification from me to terminate.

Deposit <u>Net</u> of Check into my (Check One): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Bank/Credit Union Name _____ Acct # _____
Deposit \$ _____ into my (Check One): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Bank/Credit Union Name _____ Acct # _____
Deposit \$ _____ into my (Check One): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Bank/Credit Union Name _____ Acct # _____

Signature _____

Date _____

NOTE: A VOIDED CHECK MUST BE ATTACHED HERE: (If pay check is to be divided between more than one Financial Institution or Account a Voided Check must be attached for each different Account)

Return to:
 Montrose County School District, RED-J
 Payroll Department
 P.O. Box 10,000
 126 S. 5th St.
 Montrose, CO 81402
 970-252-7911