

**MADRID COMMUNITY SCHOOL DISTRICT
PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM**

I, _____, authorize the Madrid Community School District to automatically deposit my net pay to my account (this includes my authorization for them to reverse any entries made in error). This authority remains in effect as long as I am employed by the Madrid Community School District. I understand that the rewrite of paychecks will not be possible with Direct Deposit and any adjustments will take place the following pay period.

INFORMATION ABOUT YOUR FINANCIAL INSTITUTION

Depository Name _____

Address _____

City _____ **State** _____ **Zip** _____

Depository Routing Transit Number _____ **Account Number** _____

(Attach a **voided check** to make sure this routing number is correct)

TYPE OF ACCOUNT: **Checking** _____ **Savings** _____

**E-MAIL ADDRESS FOR PAY STUB
NOTIFICATION OF DIRECT DEPOSIT**

School E-Mail Address: _____

OR

Personal E-Mail Address: _____

I acknowledge that the Business Office, prior to the school district established payday, will send out e-mail notification and that the MADRID COMMUNITY SCHOOL DISTRICT is not responsible for the delivery of the e-mail to the above e-mail address. Should the e-mail be delayed in any way, the MADRID COMMUNITY SCHOOL DISTRICT will not be liable for timely notification.

Signature

Date