

MERTON COMMUNITY SCHOOL DISTRICT  
P.O. BOX 15, MERTON, WISCONSIN 53056  
FEIN # 39-1035321

**Direct Deposit Authorization Agreement**

Employee Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

New Election

Change in Election

**Employee**

Please complete the following information and verify with you financial institution.

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Checking Account

Savings Account

Account Number: \_\_\_\_\_

Transit/ABA Number: \_\_\_\_\_

I hereby authorize Merton Community School District to deposit my paychecks directly into the account listed above in accordance with the District's rules and procedures as printed on the reverse side of this form. I have attached a **voided check** from my checking account, or a **voided deposit or withdrawal ticket** from my savings account into which I wish to have my paychecks deposited.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Account Holder's Name (Print): \_\_\_\_\_

Joint Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employer**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_