

Marcellus Community Schools

305 W. Arbor - P O Box 48
Marcellus, Michigan 49067



DIRECT DEPOSIT AUTHORIZATION

Personal Information:

Last Name: _____ First Name: _____

Phone Number: _____

Please check one:

New Direct Deposit deduction: _____ Change in existing deduction: _____

Bank Information

1) Bank Name: _____

Account Number: _____

Routing Number: _____

Type of Account (please select ONE) _____ Checking _____ Savings

Select one: Total Net Check _____ Amount to this bank \$ _____

2) Bank Name: _____

Account Number: _____

Routing Number: _____

Type of Account (please select ONE) _____ Checking _____ Savings

Total Net Check _____

Authorization:

I hereby authorize Marcellus Community Schools and the bank(s) listed above to deposit my payroll into my account(s) as listed above. If funds to which I am not entitled are deposited into my account, I authorize Marcellus Community Schools to direct the bank to return said funds.

Signature: _____ Date: _____

Please return completed form to:

Debbie Paolasso
Marcellus Community Schools
P O Box 48
Marcellus, MI 49067

DATE POSTED _____

269.646.7655