

DIRECT DEPOSIT AUTHORIZATION

EMPLOYEE NAME: _____

I hereby authorize the Madison Community Unit School District #12 to initiate credit entries to my account (and correcting debit entries, if needed) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same such account.

Depository (Bank) Name: _____

Account Number: _____

Transit/ABA No: _____

This authority is to remain in full force and effect until Madison Community Unit School District #12 has received written notification from me of its termination in such time and in such manner as to afford Madison Community Unit School District #12 and DEPOSITORY a reasonable opportunity to act on it.

NAME: _____

DATE: _____

SIGNED: _____

PLEASE ATTACH A CHECK COPY