

MAYVILLE COMMUNITY SCHOOLS
Electronic Funds Transfer Authorization

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages specified. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant Mayville Community Schools the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____
_____ (Please Print)

Office Use Only: Effective Date _____

Account #1 Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Percent or amount of pay to be deposited into this account: _____

Office Use Only: Bank/ABA Number _____

Account #2 Checking _____ Savings _____ **(Check only one)**

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: (_____) _____

Personal Account Number: _____

Percent or amount of pay to be deposited into this account: _____

Office Use Only: Bank/ABA Number _____

Signature: _____ Date: _____