

Mount Pleasant Public Schools

720 North Kinney, Mt. Pleasant, MI 48858
Phone: 989-775-2300 Fax: 989-775-2309

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDIT) PLEASE PRINT CLEARLY

By completing the form below I, hereby authorize Mt. Pleasant Public Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and to credit and/or debit the same to such account(s).

Name: _____ ID Number _____
Address: _____ Social Security: _____
City: _____ State _____ Zip _____

******ATTACH A VOIDED CHECK FOR CHECKING DEPOSIT OR A DEPOSIT SLIP FOR SAVINGS******

FINANCIAL INSTITUTION INFORMATION

Depository Name: _____ Phone: _____
CITY: _____ STATE: _____ ZIP: _____
Transit /ABA # _____ Account # _____
Amount \$ _____ Select One: Checking Savings
(For Whole Check Enter NET)

ALTERNATE ACCOUNTS:

Depository Name: _____ Phone: _____
CITY: _____ STATE: _____ ZIP: _____
Transit /ABA # _____ Account # _____
Amount \$ _____ Select One: Checking Savings
Depository Name: _____ Phone: _____
CITY: _____ STATE: _____ ZIP: _____
Transit /ABA # _____ Account # _____
Amount \$ _____ Select One: Checking Savings

This authorization is to remain in full force and effect until Mt. Pleasant Public Schools has received written notification from me of its termination in such time and in such manner as to afford Mt. Pleasant Public Schools and my depository institution a reasonable opportunity to act on it.

Signed _____ Date _____

OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

User ID and Payroll Inquiry Information delivered to the employee: YES

Method Date Sent By