



ROSCOMMON AREA PUBLIC SCHOOLS

Authorization Agreement for Electronic Deposit

I hereby authorize the Roscommon Area Public School District to make bi-monthly deposits to the account(s) identified below. It is agreed that these deposits will be made electronically and under the rules of the Michigan Automated Clearing House Association. ***This authorization will remain in effect until written notice of termination is given to the Wexford-Missaukee ISD Business Office.***

Employee Name (Please Print)

(Social Security Number)

Employee Address

City

State

Zip Code

Bank #1

Name of Bank

Checking _____ Savings _____
(Attach voided check)

Bank Routing Number

Account Number

☐ Full Paycheck Or Partial Amount: \$ _____ (Only if using two banks)

Bank #2

Name of Bank

Checking _____ Savings _____
(Attach voided check)

Bank Routing Number

Account Number

☐ Balance of Paycheck

X _____
Employee Signature

X _____
Date

Business Office Use Only:

Date Began

Initials

Electronic Deposit Authorization