

Madison Local School District Direct Deposit Authorization Agreement

I hereby authorize **Madison Local School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize the district to make withdrawals from this account in the event that a credit entry is made in error. This agreement will remain in effect until a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

E-Mail: _____

Paystubs will be sent via email/Kiosk

Checking

Savings

Signature

Printed Name _____

Date: _____

Signature _____

SS #: _____

A DEPOSIT SLIP MUST ACCOMPANY THIS AUTHORIZATION