



AUTHORIZATION FOR EFT/DIRECT DEPOSIT

You must notify the Payroll Office by the 15th of the month or prior to changing your bank account. Late notification for status change to your bank account may result in a pay delay.

I hereby authorize MESD to initiate credit entries to my: **Checking Account** (OR) **Savings Account**

as indicated below and the depository named below (the Depository) to credit the same to such account:

Depository (Financial Institution): _____ Account Number: _____

Branch: _____ City: _____ State: _____ Zip: _____

This authority is to remain in full force and effect until MESD has received written notification from me of its termination in such time and in such manner as to afford MESD a reasonable opportunity to act on it.

Automatic deposit will begin with the 2nd paycheck after submission of this form.

- Check one:**
- New:** **Deposit my payroll check to the account indicated**
 - Change:** **Change financial institutions**
 - Change account number**
 - Stop Direct Deposit with new banking to follow**
 - Returning:** **Employee with existing Direct Deposit to be continued (verification of current account information)**

Regular Employees: Check stubs will be distributed through department administrators. Please contact your department/supervisor for request of mailing or pick-up.

Alpha School: Check stubs are automatically mailed.

Temporary Employees: Check stubs will be mailed.

Employee Name: _____ Social Security Number: _____

Employee Signature: _____ Date: _____

