

MOBERLY SCHOOL DISTRICT

Authorization Agreement for Direct Deposit

I (we) hereby authorize Moberly School District, hereinafter called company, to initiate credit entries to my (our) checking account indicated below and the bank named below, hereinafter called bank, to credit the same to such account. If necessary, Moberly School District may make deductions from my account for any payments credited to my account in error.

Please attach a voided check to this form.

Bank Name: _____

City: _____ State: _____

Account Type: Checking Savings Amount: _____

Bank Name: _____

City: _____ State: _____

Account Type: Checking Savings Amount: _____

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

Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____)____-____ Email Address: _____

(e-mail address is required)

(Payday is on the 20th of each month or the last weekday prior to 20th, if falls on a weekend or holiday.)

Signature: _____ Date: _____

Return Completed Form & Voided Check To:

**Moberly School District, Attn: Mary Dwyer, Payroll & Benefits Coordinator
926 KWIX Road, Moberly, MO 65270**

(Enrollment form must be returned by 1st of the month you want the direct deposit to begin.)

ENROLLMENT IN DIRECT DEPOSIT IS MANDATORY.