

**AUTHORIZATION AGREEMENT**  
**FOR AUTOMATIC PAYROLL DEPOSIT**

**Employee Name:** \_\_\_\_\_

I hereby authorize Mercer Island School District to make payroll deposits to my bank account(s) indicated below:

Make sure to indicate what type of account and amount to be deposited (if less than your total net paycheck).

**Bank Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Checking    Savings   I wish to deposit \$ \_\_\_\_\_ or  Entire Net Amount

**Bank Name:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Checking    Savings   I wish to deposit \$ \_\_\_\_\_ or  Entire Net Amount

**PLEASE ATTACH A VOIDED CHECK**  
**FOR YOUR BANK ACCOUNT(S)**

This authority is to remain in full force and effect during my employment with the Mercer Island School District. I understand that this payroll warrant will be routed through a banking institution of the district's choice.

**I understand that thirty (30) days notice, in writing, to the Mercer Island School District is required if I change banks and/or accounts.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_