

ADEL-DESOTO-MINBURN SCHOOLS PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

I authorize ADM and the financial institution(s) named below to automatically deposit my net pay to my account(s) (this includes my authorization to you to reverse any entries made in error). This authority will remain in effect until I give written notice to cancel it. I understand that rewrite of paychecks will not be possible with direct deposit and any adjustments will take place the following pay period.

Account #1

Account #1 Type (check one): checking savings

Amount to be deposited all Dollar amount _____
to this account

Employee Bank Name

Account #2

Account #2 Type (check one): checking savings

Amount to be deposited remainder
to this account

Employee Bank Name

Your direct deposit stub will be emailed to you. Please provide your email address below.

Please print legibly

Please email my direct deposit stub to my school email.

Please attach a voided check for each account here.

**If your account does not have checks you must provide a document
from your banking institution with the routing number of the bank and your account number.**

This authorization will be in effect until the ADMCS D receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Date

Printed Name