**Direct Deposit Authorization Form**

I hereby authorize MINUTEMAN REG. VOC. TECH. SCHOOL to deposit my check into my savings/checking account as listed below.

Employee’s name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s Social Security number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may designate as many bank accounts and they may be different banks as you want.

1. Bank/Institution Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking or Savings Routing #: \_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Deposit \_\_\_\_\_\_ or Specific Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Bank/Institution Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking or Savings Routing #: \_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Deposit \_\_\_\_\_\_ or Specific Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Bank/Institution Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking or Savings Routing #: \_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_

Full Deposit \_\_\_\_\_\_ or Specific Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_

Minuteman assumes no responsibility for the fiscal soundness or efficiency of participating banks.

Employee’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK NOT A DEPOSIT SLIP**