Macomb Intermediate School District
44001 Garfield Road • Clinton Township, MI • 48038-1100 • 586/228-3300

ELECTRONIC FUNDS TRANSFER (EFT)/DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

☐ **Initial Enrollment** ☐ **Change** ☐ **Cancellation**
(Please check one)

I authorize MISD to deposit my entire pay automatically to a designated financial institution and account listed below each pay period. This authorization will also allow the MISD to make adjustments to correct errors.

I understand that I am responsible for all cost incurred for posting to a closed account, bounced checks, etc. related to wrong account number information which I provided to the MISD.

This authority will remain in effect until I have changed it in writing. I also understand that the enrollment/changes authorized will become effective with the first pay period possible based on the processing time of the Payroll Department and the initializing time required by the bank. For those employees making changes, this may include receiving an actual check during the verification process.

_____ _____
Employee Signature **Date**

Please verify the transit routing number with your financial institution and return the completed form to the Payroll Office along with a blank "voided" check or savings deposit slip.

_____
Employee Social Security Number

_____
Employee Name

_____
Financial Institution Name

_____
Address of Financial Institution

_____
City **State** **Zip**

☐ **Checking** ☐ **Savings**

TRANSIT ROUTING NUMBER **ACCOUNT NUMBER**