

# MORRISON PUBLIC SCHOOLS

## Authorization Agreement for Automatic Deposits (Credits)

Name of Employee (*Last, First, M.I.*) \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I hereby authorize Morrison Public Schools to make deposits into my bank account. This authority is to remain in full force and effect until Morrison Public Schools has received written notification from me of its termination in such time and such manner as to afford Morrison Public Schools and my financial institution a reasonable opportunity to act on it.

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

**\*\*\*\*\* VOIDED CHECK MUST BE ATTACHED \*\*\*\*\***

I do not wish to participate in Direct Deposit at this time.

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