

Marengo Community High School
Dist. #154
Marengo, IL 60152

**Authorization to Deposit Funds
Marengo Community High School**

New Enrollment Change Stop

I hereby authorize Marengo Community High School Dist. #154 to deposit my net pay and, if necessary to make adjustments for any entries in error to my account(s) indicated below. The Financial Institutions named below are also authorized to make the same entries to my account(s).

Employee Name _____ Employee SS# _____

Daytime Phone # _____

Payroll Authorization

Bank Name _____ City _____

State _____ Zip _____

Bank Routing No _____ Account No _____ Checking Saving _____ % or \$

Bank Name _____ City _____

State _____ Zip _____

Bank Routing No _____ Account No _____ Checking Saving _____ % Or \$

This authority is to remain in effect until Marengo Community High School has received written notification from me of its termination and has had a reasonable time to act on it. This participation/termination request will not take effect until the second payroll after it is received in the Payroll office. Per the PN Agreement personnel shall be limited to one direct deposit change per year.

Employee's Signature _____ Date _____

NOTE: Attach a voided blank check or deposit slip for each account to validate account information. You may designate multiple bank accounts in which to deposit your net pay.