

Cheboygan-Otsego-Presque Isle Educational Service District

6065 Learning Lane
Indian River, MI 49749
(616) 238-9394

**Payroll Direct Deposit
Authorization Form**

I, the undersigned employee, hereby authorize and request you to remit my entire net pay or \$ _____ of my net pay on each pay day, beginning with my pay period ending _____.

Employee Name _____ Social Security# _____

Address _____

City/State/Zip _____

Telephone Number _____ Employee # _____

Financial Institution Information (to be completed by your financial institution)

1. Routing Number	Account Number	Checkings or Savings?
_____	_____	_____

2. Routing Number	Account Number	Checkings or Savings?
_____	_____	_____

Financial Institution Name _____

Address _____

Phone Number _____

Representative Signature _____ Date _____

This authorization replaces all previous authorizations and will continue in effect until canceled by me in writing.

Date _____ Employee Signature _____

CANCELLATION

I hereby cancel the above authorization effective with my pay ending _____.

Date _____ Employee Signature _____