

**AUTHORIZATION FOR DIRECT DEPOSIT – EMPLOYEE FORM**

This authorizes MARATHON COUNTY SPECIAL EDUCATION to send credit entries and appropriate debit and adjustment entries, electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

**ACCOUNT #1**

Type (check one)  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Percentage or Dollar Amount to be Deposited to This Account

**ACCOUNT #2 (remainder to be deposited to This Account)**

Type (check one)  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

This authorization will be in effect until MCSE receives a written termination notice and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
_____ Received By	_____ Date