



LCWM Employee Direct Deposit Authorization Form

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 Type: Checking Savings

Bank Routing Number (ABA Number): _____

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2

Account 2 Type: Checking Savings

Bank Routing Number (ABA Number): _____

Account Number: _____

Percentage or dollar amount to be deposited to this account: _____

Attach voided check for each account here

Authorization

This authorizes ISD #2071 Lake Crystal Wellcome Memorial Schools (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above 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. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____

Print Name: _____ Date: _____