

MSD OF MARTINSVILLE

**389 E. JACKSON STREET
MARTINSVILLE, IN 46151**

DIRECT DEPOSIT AUTHORIZATION FORM

I hereby authorize the MSD of Martinsville to directly deposit my pay in the bank account(s) listed below. This authorization is to remain in force until the MSD of Martinsville's Payroll Department has received written authorization from me of its termination or change.

Name (PRINT): _____

Signature: _____ Date: _____

ACCOUNT INFORMATION

Account #1 (check only one)

- Checking (attach voided check or bank verification form)
- Savings (attach deposit slip or obtain ABA routing number from your bank)

Financial Institution: _____

Bank's Routing Number: _____

Personal Account Number: _____

Account #2 (check only one)

- Checking (attach voided check or bank verification form)
- Savings (attach deposit slip or obtain ABA routing number from your bank)

Financial Institution: _____

Bank's Routing Number: _____

Personal Account Number: _____

Amount of Pay to be deposited into this account: \$ _____