



White Cloud Public Schools

Building a Tradition of Excellence

www.whitecloud.net

Authorization Agreement For Automatic Payroll Deduction

Employee Information:

Your Name _____

Address _____

City _____ State _____

Financial Institution Information:

Financial Institution Name _____ Bank Routing # _____

Branch Location _____ Account # _____

Bank Telephone # _____

Bank Account Type Checking _____ Savings _____

Alternate Deposit Accounts:

Financial Institution Name _____ Bank Routing # _____

Branch Location _____ Account # _____

Bank Telephone # _____

Bank Account Type Checking _____ Savings _____