



White Cloud Public Schools

Building a Tradition of Excellence

www.whitecloud.net

Authorization Agreement for Automatic Payroll Deposit

Employee Name:		
Street Address:		
City:	State:	Zip:
<u>Financial Institution #1 Information</u>		
Bank Name:	Location:	
Routing Number:	Account Number:	
Amount Per Pay (Net):	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<u>Financial Institution #2 Information (optional)</u>		
Bank Name:	Location:	
Routing Number:	Account Number:	
Amount Per Pay:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<u>Financial Institution #3 Information (optional)</u>		
Bank Name:	Location:	
Routing Number:	Account Number:	
Amount Per Pay:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
<u>Financial Institution #4 Information (optional)</u>		
Bank Name:	Location:	
Routing Number:	Account Number:	
Amount Per Pay:	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Employee Signature: _____ Date: _____

Office Use Only

<input type="checkbox"/>	Prenote Completed	<input type="checkbox"/>	Updated in Skyward
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