

**MERIDIAN SCHOOL DISTRICT**  
**Authorization Agreement for Electronic Deposit**

I hereby authorize Meridian School District to direct deposit my payroll warrant to my checking or savings account as indicated below:

Select only one:                    \_\_\_\_\_ Checking                    \_\_\_\_\_ Savings

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

Location \_\_\_\_\_

Account Number \_\_\_\_\_

This authority is to remain in full force and effect until Meridian School District has received written notification from me of its termination in such time and in such manner as to afford Meridian School District and depository a reasonable opportunity to act on it.

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please attach a voided check so that your account number may be verified. Any changes to your depository information must be received at the District Office by the first of the month for changes to that month's payroll. Please notify us immediately of any changes to accounts that would affect this process.

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PLEASE ATTACH A VOIDED CHECK

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I do not wish to participate in electronic deposit at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_