

MASON COUNTY EASTERN  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS

**Deposit Type:**

New\_\_\_\_ Change\_\_\_\_ Discontinue\_\_\_\_ Schedule B\_\_\_\_

**Occurrence:**

One Time\_\_\_\_ Recurring\_\_\_\_

*If Recurring Select Pay Period In Month:*

All Pays \_\_\_\_ First Pay \_\_\_\_ Second Pay \_\_\_\_ Third Pay \_\_\_\_

**Amount:**

*Only for change in deposit:*

From\_\_\_\_ To:\_\_\_\_

*All other deposit types:*

Specific Amount\_\_\_\_ Entire Net Pay\_\_\_\_ Balance of net pay after crediting other accounts\_\_\_\_

**Account Information:**

Checking Account\_\_\_\_ Savings Account\_\_\_\_ Health Savings Account\_\_\_\_

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

**Depository Information:**

Depository Name\_\_\_\_ City\_\_\_\_ State:\_\_\_\_

**Effective:**

Payroll Date\_\_\_\_

I hereby authorize Mason County Eastern Schools to initiate credit entries in the amount indicated, to my account at the named depository, all listed above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. Unless indicated as a one time transaction, this authorization is to remain effective until Mason County Eastern has received this form to denote discontinuation of deposit. I authorize Mason County Eastern Schools to make withdrawals from these accounts in the event that a credit entry is made in error.

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