

M.S.D. OF DECATUR TOWNSHIP

I hereby authorize my EMPLOYER (named above) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account listed below.

INCLUDE A VOIDED CHECK (WITH YOUR ACCOUNT NUMBER ENCODED) WITH THIS AUTHORIZATION.

FINANCIAL INSTITUTION *TRANSIT/ABA/ROUTING # _____
ACCOUNT #

ACCOUNT TYPE: Checking Savings

Employee name (Please print legibly) _____

Employee Signature: _____ Date: _____

* Nine digit number that appears on the bottom of a check or deposit slip.