



Direct Deposit Authorization – **SECONDARY ACCOUNT**

Employee Name: _____

Financial Institution (Bank): _____

City: _____ State: _____ Zip: _____

Routing Number for Secondary Account: _____

Account Number for Secondary Account: _____

Specific amount from each check to go into Secondary Account:

\$ _____ per check

In order for this authorization to be processed, you must attach *official* documentation from your bank that has your routing and account number. Examples include a voided check, bank authorization form, screen shot of numbers from online banking, letter on bank letterhead, etc.

I hereby authorize Murfreesboro City Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

Checking _____ Savings _____

Signature

Date

This form must be sent to the MCS Human Resources Department at least twenty days prior to the next payroll.

**PLEASE ATTACH BANK DOCUMENTATION
TO THIS FORM BEFORE SUBMITTING.**