

MSD OF MARTINSVILLE  
389 E. JACKSON ST.  
MARTINSVILLE IN 46151

**AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT**

I request to have my net pay or part of my net pay deposited directly into my account by the MSD of Martinsville.

Please check one:

\_\_\_\_\_ a. A portion of my net pay. Amount deducted each paycheck: \_\_\_\_\_

\_\_\_\_\_ b. My entire net pay

Name of Bank: \_\_\_\_\_

Bank's electronic routing number: \_\_\_\_\_

Name on the bank account : \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

This is a \_\_\_\_\_ Checking account      OR      \_\_\_\_\_ Savings Account

\*\* Please attach a voided check for verification \*\*

I hereby authorize the MSD of Martinsville to make a direct deposit as indicated to the above named bank and account.

Employee Signature \_\_\_\_\_

Printed Employee Name \_\_\_\_\_