

MABANK I.S.D
DIRECT DEPOSIT REQUEST

Name: _____
(Print as shown on Payroll Check)

Date to begin automatic deposit: _____

Provide the following information for the bank account to which you would like your payroll check deposited:

Bank Name: _____

Bank Address: _____

Account Type:

Bank Routing Number: _____

Checking

Bank Account Number: _____

Savings

I hereby authorize Mabank ISD to initiate debits or credits, as needed for payroll transactions, to the bank account names above.

Signed: _____

Date: _____