

**Haslett Public Schools  
5593 Franklin Street  
Haslett, MI 48840**



Application Type	NEW <input type="checkbox"/>	CHANGE <input type="checkbox"/>	CANCEL <input type="checkbox"/>
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**Electronic Funds Transfer (Direct Deposit) Application**

APPLICANT INFORMATION (Please type or print all information)

Social Security No - -	Telephone Number Area Code ( )	
Applicant's Name (Last, First, Middle)		
Home Address		
City	State	Zip Code

ACCOUNT INFORMATION (Call your financial institution regarding questions in this section)

Account Number (Do not include spaces) 		
Financial Institution Name	Telephone Number Area Code ( )	
Address		
City	State	Zip Code
Routing Transit No. (Call Financial Institution)	Account Type (Please mark only ONE box) SAVINGS <input type="checkbox"/> CHECKING <input type="checkbox"/>	

**Please attach a voided check for this account.**

I authorize Haslett Public Schools to deposit my net pay by electronic transfer into the designated financial institution and account. I understand this authorization remains in effect until canceled by: (a) me; (b) my death or legal incapacity; (c) the financial institution; (d) Haslett Public Schools.

I authorize Haslett Public Schools to recover money electronically deposited in my account in error, either by adjusting the account or withholding any future payments.

I agree to *comply* with the State of Michigan rules about electronic transfers. Michigan law governs electronic fund transactions in all respects except as otherwise superseded by federal law.

**Your total net pay will be deposited into one account. Please make arrangements at your bank/credit union if you wish to have part of the deposit transferred into another account.**

Applicant's Signature	Date
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