



MARION MILITARY INSTITUTE

1101 Washington Street
Marion, Alabama
36756



OFFICE OF BUSINESS & FINANCIAL AFFAIRS

DIRECT DEPOSIT AUTHORIZATION

BANK/DEPOSITORY NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

SAVINGS OR CHECKING (CIRCLE ONE)

PERCENTAGE OF PAY TO BE DEPOSITED: 100% OTHER: _____

DOLLAR AMOUNT TO BE DEPOSITED: _____
(Only complete the line above if you wish to deposit to multiple accounts.)

I hereby authorize Marion Military Institute to initiate entries into my checking/savings account indicated above. This authorization is to remain in full force and effect until I provide written termination.

EMPLOYEE NAME: _____

SIGNATURE: _____ DATE: _____