

**EDUCATIONAL SERVICE UNIT #1  
AUTHORIZATION FOR DIRECT PAYROLL DEPOSIT**

I authorize Iowa-Nebraska State Bank to initiate a credit and/or debit entry to my account(s) for payroll purposes. This agreement is to remain in full effect until written notification is given terminating this agreement.

A VOIDED check for each account is attached and I have indicated the amount or percentage to be deposited into each account.

Please e-mail my direct reimbursement deposit slip to: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Amount \_\_\_\_\_  
Percentage \_\_\_\_\_

Amount \_\_\_\_\_  
Percentage \_\_\_\_\_

Amount \_\_\_\_\_  
Percentage \_\_\_\_\_