

Direct Deposit Form

Checking Account

Savings Account

EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS

Sahuarita Unified School District no. 30

I hereby authorize the Payroll Department to initiate credits (and/or corrections to the previous credits) to the Financial Institution indicated below.

FINANCIAL INSTITUTION NAME: _____

BRANCH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

BRANCH PHONE: _____

This authority is to remain in effect until you have received written notification from me of its termination.

Name _____ Social Security Number _____

Signature _____ Date _____

Authorization will take effect not less than 10 days after acceptance by the bank.

Attach Voided Check Here