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# DIRECT DEPOSIT AUTHORIZATION FORM

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## CREDIT/DEBIT AUTHORIZATION FORM

I (we) hereby authorize \_\_\_\_\_ (the school) School Department to initiate entries to my (our) checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until AOS #77 Central Office is notified by me (us) in writing to cancel it in such time as to afford AOS #77 Central Office and the Financial Institution a reasonable opportunity to act on it.

CHECKING ACCOUNT \_\_\_\_\_

SAVINGS ACCOUNT \_\_\_\_\_

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Name of Financial Institution

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Address of Financial Institution – Branch, City, State, & Zip

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Financial Institution Routing Number

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Checking/Savings Account Number

PLEASE CHECK "NET CHECK" IF YOU WOULD LIKE YOUR WHOLE PAYCHECK TO BE DEPOSITED INTO ONE ACCOUNT.  
OTHERWISE, PLEASE SPECIFY THE PERCENTAGE OR AMOUNT YOU WANT DEPOSITED INTO THIS ACCOUNT.

Net Check \_\_\_\_\_ Percentage \_\_\_\_\_% Amount \$ \_\_\_\_\_

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CHECKING ACCOUNT \_\_\_\_\_ SAVINGS ACCOUNT \_\_\_\_\_

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Name of Financial Institution

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Address of Financial Institution – Branch, City, State, & Zip

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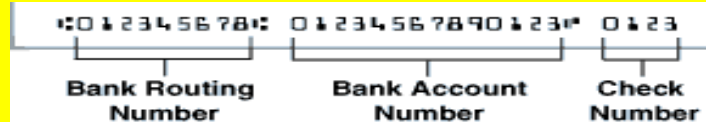
Financial Institution Routing Number

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Checking/Savings Account Number

PLEASE CHECK "NET CHECK" IF YOU WOULD LIKE YOUR WHOLE PAYCHECK TO BE DEPOSITED INTO ONE ACCOUNT.  
OTHERWISE, PLEASE SPECIFY THE PERCENTAGE OR AMOUNT YOU WANT DEPOSITED INTO THE ACCOUNT.

Net Check \_\_\_\_\_ Percentage \_\_\_\_\_% Amount \$ \_\_\_\_\_



**PLEASE ATTACH A VOIDED CHECK**

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Print Name

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Signature

Date

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Email Address