

GRANT PUBLIC SCHOOLS DIRECT DEPOSIT AUTHORIZATION

Name _____ Employee # _____
(Please Print)

Account # 1 *Include a blank deposit slip or voided check for each account*

Bank/Credit Union Name _____

Amount to deposit in account \$ _____ *If you would like your entire check or remaining check in one account, note "Net Check" on the amount line*

Routing # _____

Account # _____

Type of Account: Checking Savings

Account #2 *Include a blank deposit slip or voided check for each account*

Bank/Credit Union Name _____

Amount to deposit in account \$ _____ *If you would like your entire check or remaining check in one account, note "Net Check" on the amount line*

Routing # _____

Account # _____

Type of Account: Checking Savings

I, the undersigned, hereby request and authorize the above amount (s) to be deducted from each paycheck and deposited into the account(s) noted above. I also authorize Grant Public Schools to initiate any necessary adjustments (debit or credit) to the above accounts. I understand the direct deposit authorization will stand until a new form noting changes and/or cancellations is received by the Finance Office.

I would like to discontinue my direct deposit beginning with the next pay.

(Employee Signature) _____
(Date)

I understand that any changes (financial institution, deposit amount, etc.) require a new authorization form to be completed and received by payroll at least two weeks before the change will take affect. Any errors will be corrected on the subsequent payroll run.

Return completed forms to the Finance Office in the Administration Building