Credit Union Deduction Form

Litchfield Elementary School District #79

Route To: **Payroll Department-District Office**

Please allow at least 2 paychecks for deduction to be activated. Please verify all deposits with your bank.

CHECK ONE: START [   ]   STOP [   ]   CHANGE [   ]

NAME:

SOCIAL SECURITY #:   XXX-XX

CREDIT UNION NAME:

ACCOUNT NUMBER: **(Verify with your bank)**

AMOUNT PER PAY: **(Not active when Direct Deposit is not active – normally the last payroll of the fiscal year and the first of the new fiscal year)**

CHECK ONE: CHECKING [   ]   <u>YOU MUST ATTACH A VOIDED CHECK</u>

SAVINGS   [   ]   <u>YOU MUST ATTACH A DEPOSIT SLIP</u>

I hereby authorize the Maricopa County School Superintendent's Office to initiate credit entries to my account (indicated above), and the depository named to credit the same such account. This authority is to remain in full force and effect until you have received written notification from me of its termination. I understand that my participation in this program will be terminated if my wages are garnished or assigned, or if my wages originate from certain CETA sources.

SIGNATURE: **DATE:**