

Direct Deposit Form

Litchfield Elementary School District #79

Route To: Payroll Department-District Office

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

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

NAME: _____

SOCIAL SECURITY #: XXX-XX _____

BANK NAME: _____

BANK ACCOUNT NUMBER: _____ (Verify with your bank)

CHECK ONE: CHECKING [] YOU MUST ATTACH A VOIDED CHECK

SAVINGS [] YOU MUST ATTACH A DEPOSIT SLIP

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: _____