

DIRECT DEPOSIT AUTHORIZATION

MARICOPA COUNTY SCHOOL SUPERINTENDENT'S OFFICE

District FOWLER ESD #45 Social Security Number _____ Name (Print Please) _____ Check One
START
STOP

Please provide an email address for direct deposit receipts (payslips), or leave blank for paper copies:

Email Address: _____

NAME OF BANK, SAVING & LOAN, OR CREDIT UNION: _____

ACCOUNT TYPE: CHECKING SAVINGS

ACCOUNT NUMBER:

ROUTING NUMBER:

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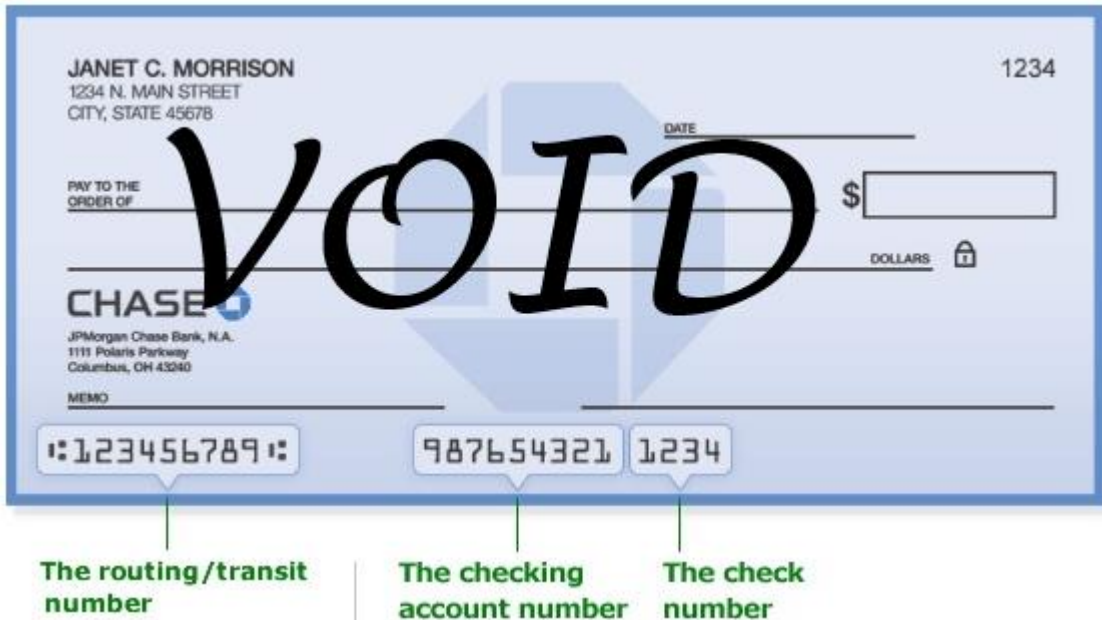
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I hereby authorize the Maricopa County School Superintendent's Office to initiate credit entries to my/our account (indicated above), and the depository named above to credit the same to such account. This authority is to remain in full force and effective 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 garnisheed or assigned.

SIGNATURE: _____

DATE: _____

**PLEASE ATTACH A VOIDED PERSONAL CHECK (OR BANK DOCUMENT)
DIRECT DEPOSIT CANNOT START WITHOUT IT**



Please return completed form to FESD's payroll department for processing. Thank you!