

Altus Public Schools

Direct Payroll Deposit Authorization

I hereby authorize Altus Public Schools to make payroll deposits (credit entries) directly into my account as indicated below. I acknowledge that the origination of ACH (*Automated Clearing House*) transactions to my account must comply with the provisions of US law.

Employee Name (Please Print) _____
Social Security #

Name of Financial Institution Address City, State, & Zip

Account Type (✓): Checking Savings _____

Routing Number Account Number
(YOU MAY LEAVE THESE LINES BLANK IF YOUR VOIDED CHECK IS ENCODED WITH THESE NUMBERS.)

Must provide voided check or direct deposit form from bank.

1234
Date _____
Pay to the Order of _____ \$ _____
_____ Dollars
PLEASE TAPE A VOIDED CHECK IN THIS SPACE
Memo _____
123456789 00000000000000000000000000000000 0000

Return this authorization form to the Administrative Office.

Signed _____ Date _____