



Los Alamos Public Schools

Accounts Payable Only

Direct Deposit Authorization/Change Form

Name _____ Site _____

Email _____ Phone _____

[Can be personal or school email. Your Direct Deposit Receipt will be sent to this email address.]

Mailing Address _____

City _____ State _____ Zip Code _____

Bank Information:

For a **checking** account, attach a voided check.

For a **savings** account, include a statement from your bank indicating the ACH routing number and account number.

A deposit form will **NOT** be accepted as proof of routing number or account number.

Type of Account (check one): Checking Savings

Bank Name _____

Routing Number _____ Account # _____

City _____ State _____ Zip _____

I hereby authorize Los Alamos Public Schools to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit errors to my account(s) indicated above, and the bank(s) named above to credit and/or debit to such account. This authorization will remain in effect until written cancellation or a new authorization form is received.

Signature _____

Date _____

Return this completed form and appropriate attachments to m.salazar@laschools.net, Maria Elena Salazar, LAPS Business Office.

Verified by: _____

Entry Date: _____