



Wilson School District No. 7

DIRECT DEPOSIT AUTHORIZATION FORM

MARICOPA COUNTY SCHOOL SUPERINTENDENT'S OFFICE

Participation in the Direct Deposit is mandatory. You may choose between Direct Deposit or Rapid Pay Card For Direct Deposit, please **attach a voided check or a direct deposit form from your financial institution that includes your routing and account number(s).**

Print Employee Name: _____ Campus/Dept: _____

Check One

- New Employee Set-Up Bank Account
- New Employee Set-Up Rapid Pay Card
- Change (i.e. change account #, financial institute, change of \$ amounts, drop or add financial institution)
- Stop Direct Deposit (will need to enroll in Rapid Pay Card)

Account #1 Account Type: Checking Savings

Bank Name: _____

Routing # : _____ Account # : _____

Net Pay Partial Deposit Partial Deposit Amount \$ _____

Account #2 Account Type: Checking Savings

Bank Name: _____

Routing # : _____ Account # : _____

Net Pay Partial Deposit Partial Deposit Amount \$ _____

Account #3 Account Type: Checking Savings

Bank Name: _____

Routing # : _____ Account # : _____

Net Pay Partial Deposit Partial Deposit Amount \$ _____

Read and place a check in each box acknowledging terms and conditions:

- I understand that each new account will be pre-noted and may take 1-2 pay periods to become active.
(A paper check will be issued until then)

I, hereby authorize the Maricopa County Schools Superintendent's office to deposit my paycheck each payday into my account(s) indicated above.

Employee Signature: _____ Date: _____