Direct Deposit Authorization Form

_____New Enrollment **_____Change Enrollment**

Name (print):_____

Social Security#_____

I hereby authorize Moore Public Schools to deposit my payroll warrant in the account(s) listed below (limit to three (3) accounts).

Routing#_____Account#_____Amount_____Checking/Savings

Routing#_____Account#_____Amount_____Checking/Savings

Routing#_____Account#_____Amount_____Checking Savings

Financial Institution Name (your bank)_____

Address _____

City, State, Zip _____

PLEASE ATTACH A VOID CHECK

By signing below, I hereby authorize Moore Public Schools and the Financial Institution listed above to deposit my wages and make credit entry directly to the account(s) listed. If monies to which I am not entitled are deposited to my account(s), I authorize Moore Public Schools to direct the Financial Institution to return said funds. This authorization will remain in effect until I file a new authorization form.

_____ _____

Signature **Date**