

Southfield Public Schools
AUTHORIZATION FOR DIRECT DEPOSIT / CANCELLATION



You may choose a maximum of two accounts/banks/credit unions in which to direct deposit, one of which **must** be for your net check. Specify *all* direct deposit information including any current bank/credit union deductions which you wish to continue. To stop, please check STOP.

**PLEASE ATTACH A VOIDED CHECK FOR CHECKING
ACCOUNT AUTHORIZATION OR A DEPOSIT SLIP FOR
SAVINGS ACCOUNT AUTHORIZATION.**

Please note: If funds sent to your credit union are to be split into several accounts *under the same account number*, you must notify the credit union how you want it split.

OPTIONAL FLAT DEDUCTIONS

Name of Banking Institution _____ Amount \$ _____

Routing/Transit Number _____ (9 digits) STOP ☐

Account Number _____ Circle One: Checking Savings

NET CHECK

Name of Banking Institution _____ STOP ☐

Routing/Transit Number _____ (9 digits)

Account Number _____ Circle One: Checking Savings

I hereby authorize Southfield Public Schools to deposit my entire pay automatically into the account(s) specified above. This authorization also allows Southfield Public Schools to adjust entries to correct errors. It is agreed that these deposits and adjustments may be made electronically and under the rules of the National Automated Clearing House Association. This authorization shall remain in effect until written notice of termination is given to Southfield Public Schools. **I understand that direct deposit will begin the second pay period following receipt of this form.**

Employee Signature

Employee ID Number

Date

Printed Name

Phone Number