


AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize AAPS via **JPMORGAN CHASE BANK** to initiate deposit entries and when necessary, initiate correction entries to my checking and/or savings account indicated below and the financial institution (s) named below to credit and/or debit the same such account. **PLEASE ATTACH A VOIDED CHECK or PRINTOUT from financial institution. MUST contain ROUTING & ACCOUNT NUMBER.**

PLEASE STAPLE CHECK HERE:

****NOTE: Electing NOT to provide supporting documentation may result in the need for a correction entry and DELAY in receipt of funds.**



PRIMARY DIRECT DEPOSIT ACCOUNT (for BALANCE OF NET PAY)

1

Bank Name: _____ Checking (OR) Savings

Routing Number: _____ Account Number: _____

CHANGE ACCOUNT: **Entering NEW account information, AUTOMATICALLY overrides current information in system for PRIMARY account ONLY*****

ADDITIONAL ACCOUNT (DOLLAR AMOUNT or PERCENTAGE OF INCOME)

2

Bank Name: _____ Checking (OR) Savings

Routing Number: _____ Account Number: _____

Amount: \$ _____ OR % _____ **ADD** **DELETE** **MARK ONLY IF REMOVING ACCOUNT**
EDIT

ADDITIONAL ACCOUNT (DOLLAR AMOUNT or PERCENTAGE OF INCOME)

3

Bank Name: _____ Checking (OR) Savings

Routing Number: _____ Account Number: _____

Amount: \$ _____ OR % _____ **ADD** **DELETE** **MARK ONLY IF REMOVING ACCOUNT**
EDIT

This authority is to remain in full force and effect until the Ann Arbor Public Schools Finance Department has received a REVISED, UPDATED, SIGNED form from me (AAPS EMPLOYEE) -IN PERSON/VERIFIED BY PAYROLL.

EMPLOYEE NAME (PRINT ONLY): _____

SSN (LAST 4 DIGITS ONLY): _____ **EMPLOYEE ID:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

IDENTITY VERIFIED BY: _____