

ANCHORAGE SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

SOCIAL SECURITY NUMBER

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ID

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LAST NAME

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FIRST NAME

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MIDDLE

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- This form replaces any existing direct deposit form.
- Only original forms will be processed.
- Incomplete or illegible forms will be returned to you.
- You may split your deposit between a maximum of two accounts (at the same or separate financial institutions).
- ASD sends a prenote file to your financial institution to ensure accurate processing. Direct deposit will take effect after prenote confirmation is received.
- Be aware that ASD business procedures may require that some payroll activity be paid by paper check even with a direct deposit authorization on file.

Choose One:

Start

Stop

Change

PRIMARY ACCOUNT INFORMATION

FINANCIAL INSTITUTION

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CHECKING

<input type="checkbox"/>

OR

SAVINGS

<input type="checkbox"/>

BANK ROUTING NUMBER

--	--	--	--	--	--	--	--	--	--

(Routing # is normally the 9 digits on the lower left side of your check)

PRIMARY ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NET PAY

SECONDARY ACCOUNT INFORMATION

FINANCIAL INSTITUTION

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CHECKING

<input type="checkbox"/>

OR

SAVINGS

<input type="checkbox"/>

BANK ROUTING NUMBER

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(Routing # is normally the 9 digits on the lower left side of your check)

SECONDARY ACCOUNT NUMBER

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\$ AMOUNT

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OR

% OF NET PAY

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Employee Authorization

I hereby authorize the Anchorage School District to make deposits to the financial institution(s) and account(s) listed above and to initiate debits to the above account(s) if a deposit is made in error. I understand that I am responsible for the accuracy of routing and account information provided above. This authorization will remain in effect until I terminate employment or request a change or cancellation in writing 20 days in advance.

Any alteration or unauthorized addition invalidates this form.

Employee Signature: _____

Date: _____