

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 SAVINGS

OR

BANK ROUTING NUMBER

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

PRIMARY ACCOUNT NUMBER

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NET PAY

SECONDARY ACCOUNT INFORMATION

FINANCIAL INSTITUTION

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CHECKING SAVINGS

OR

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 deposit is made in error. This authorization will remain in effect until I request a change or cancellation in writing 20 days in advance. I understand that I am responsible for the accuracy of routing and account information provided above.

Any alteration or unauthorized addition invalidates this form.

Employee Signature: _____

Date: _____