

DEPOSIT OF PAYROLL FUNDS AUTHORIZATION



NAME _____

Employee ID Number _____

I authorize Tacoma Public Schools to deposit funds as indicated below. **This authorization overrides any previous direct deposit forms that are on file.** I understand this will continue until canceled or replaced in writing by me. In the event of an over deposit, I hereby authorize a debit to my account for recovery. **This transaction will become effective on the second payroll after it is received.** Partial deposits should be in priority order with most important deposit listed as #2 below. If full amount is not available, the system will take what is available. **DIRECT DEPOSIT IS MANDATORY.**

(1) Total Net Pay Direct Deposit to _____ (MANDATORY)
Banking Institution

TYPE OF ACCOUNT (check only one) Routing # _____ (9 digits)

Savings Checking Account # _____

(PLEASE ATTACH A VOIDED PERSONAL CHECK)

(2) Deduction Direct Deposit to _____
(Partial Direct Deposit) Banking Institution

TYPE OF ACCOUNT (check only one) Routing # _____ (9 digits)

Savings Checking Account # _____

Amount of Deduction \$ _____ (to be deducted every payroll)

(PLEASE ATTACH A VOIDED PERSONAL CHECK)

(3) Deduction Direct Deposit to _____
(Partial Direct Deposit) Banking Institution

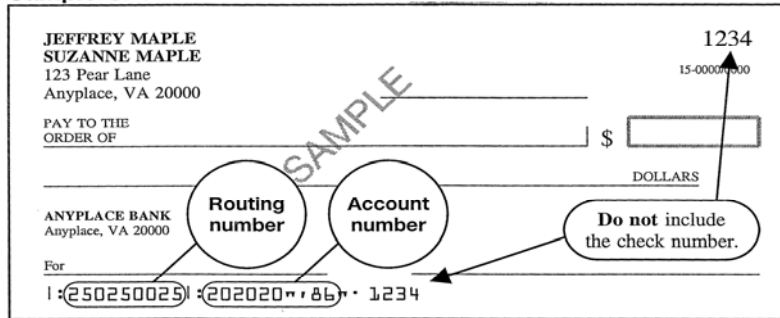
TYPE OF ACCOUNT (check only one) Routing # _____ (9 digits)

Savings Checking Account # _____

Amount of Deduction \$ _____ (to be deducted every payroll)

(PLEASE ATTACH A VOIDED PERSONAL CHECK)

Sample Check



Note. The routing and account numbers may be in different places on your check.

Signature _____

Date _____

Work Phone _____

Home Phone _____