

Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Site Location: _____
For substitutes, site location is District Office.

Check one: Permanent _____ Substitute _____

Social Security #: _____

Name of Bank: _____

Type of Account: Checking Savings (Circle One)

Please attach a voided check here or staple letter from your institution, with account and routing# on it.

I hereby authorize the Panama-Buena Vista Union School District, to initiate credits to the account indicated above, and authorize the financial institution indicated above to credit my account with the amount thereof.

Employee Signature: _____

Date: _____



TERMINATION OF AUTHORIZATION FOR AUTOMATIC DEPOSITS

Effective with my pay warrant for _____, I rescind the above authorization of automatic deposits.

SIGNATURE: _____ DATE: _____