



Tolleson Union High School District # 214 Direct Deposit Authorization

EMPLOYEE NAME _____

NAME OF BANK _____

Check one:

<input type="checkbox"/>	CHECKING
<input type="checkbox"/>	SAVINGS
<input type="checkbox"/>	ADDITIONAL ACCT. \$ _____

Check one:

<input type="checkbox"/>	START DATE _____
<input type="checkbox"/>	STOP DATE _____

I hereby authorize the Maricopa County School Superintendent's Office to initiate credit entries to my/our account (indicated above), and the depository named above to credit the same to such account. This authority is to remain in full force and effect until you have received written notification from me of its termination. I understand that my participation in this program will be terminated if my wages are garnished or assigned.

VOIDED CHECK OR OFFICIAL BANK FORM IS REQUIRED

SIGNATURE _____ DATE _____