

**CHICKASHA PUBLIC SCHOOLS
DIRECT DEPOSIT AUTHORIZATION FORM**

Complete all information in full and sign your authorization. Attach a copy of a voided check and submit to the Payroll Department for processing.

EMPLOYEE CONTACT INFORMATION

First Name

MI

Last Name

Mailing Address

City

State

Zip

ACCOUNT INFORMATION (confirm with your financial institution)

Financial Institution

Account Type

Routing Number

Account Number

Please read the following and sign:

I authorize and request Chickasha Public Schools to automatically deposit any amounts owing to me to my account at my depository financial institution on this form.

I understand that this agreement may be terminated by me or Chickasha Public Schools at any time. Any such notification requires a reasonable time to act upon it. Any cancellation or change must be submitted in writing.

I authorize Chickasha Public Schools to debit my account only for the purpose of correcting an erroneous credit previously initiated to my account.

Chickasha Public Schools will not be responsible for technical difficulties that may delay deposits.

Signature

Date

Please attach a copy of a voided check here.
RETURN TO THE PAYROLL DEPARTMENT FOR PROCESSING.
Thank You!