



# Wilson School District No. 7

## DIRECT DEPOSIT AUTHORIZATION FORM

MARICOPA COUNTY SCHOOL SUPERINTENDENT'S OFFICE

**Participation in the Direct Deposit is mandatory. You may choose between Direct Deposit or Rapid Pay Card For Direct Deposit, please attach a voided check or a direct deposit form from your financial institution that includes your routing and account number(s).**

Print Employee Name: \_\_\_\_\_ Campus/Dept: \_\_\_\_\_

### Check One

- New Employee Set-Up Bank Account
- New Employee Set-Up Rapid Pay Card
- Change (i.e. change account #, financial institute, change of \$ amounts, drop or add financial institution)
- Stop Direct Deposit (will need to enroll in Rapid Pay Card)

Account #1 Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_

Routing # : \_\_\_\_\_ Account # : \_\_\_\_\_

Net Pay  Partial Deposit Partial Deposit Amount \$ \_\_\_\_\_

Account #2 Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_

Routing # : \_\_\_\_\_ Account # : \_\_\_\_\_

Net Pay  Partial Deposit Partial Deposit Amount \$ \_\_\_\_\_

Account #3 Account Type:  Checking  Savings

Bank Name: \_\_\_\_\_

Routing # : \_\_\_\_\_ Account # : \_\_\_\_\_

Net Pay  Partial Deposit Partial Deposit Amount \$ \_\_\_\_\_

### Read and place a check in each box acknowledging terms and conditions:

- I understand that each new account will be pre-noted and may take 1-2 pay periods to become active.  
(A paper check will be issued until then)
- I understand that my participation in this program will be terminated if my wages are garnished or assigned.
- I understand that upon receiving a notice of resignation or termination, my direct deposit authorization will be terminated.  
(My last check will be a paper check)

**I, hereby authorize the Maricopa County Schools Superintendent's office to deposit my paycheck each payday into my account(s) indicated above.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_