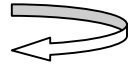


**Anne Arundel County Public Schools
AUTHORIZATION FOR DIRECT DEPOSIT**



**PLEASE FILL OUT COMPLETELY AND RETURN TO THE
COMPENSATION OFFICE**

EMPLOYEE INFORMATION

NAME:		SSN #				-								
POSITION		WORK LOCATION												



BANK INFORMATION

I hereby authorize AACPS to initiate credit entries and/or correction entries to my Checking or Savings Account (select one) indicated below and the Bank named below to credit the same such account.

BANK NAME & PHONE #						-								
BRANCH & STATE														
ROUTING # <small>Must be 9 digits</small>														
CHECKING ACCOUNT # (C)											You may only select <u>ONE</u> Account			
SAVINGS ACCOUNT # (S)														

This authorization is to remain in full force until the termination of my employment or until AACPS has received notification from me of its termination in such time and in such manner as to afford AACPS and Bank reasonable opportunity to act upon it.

Employee Authorization _____ Date: _____

Compensation Use Only	Payroll Cycle: 1 or 2
Expired Old Acct. Information for Pay Date	_____
Set up New Acct. Information for Pay Date	_____
Completed By:	_____
Date Entered:	_____