

**ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
SAVINGS ACCOUNT DEDUCTION AUTHORIZATION**

Social Security No. **Name:**

Account No. **Bank Routing No.**

DEDUCTION AMOUNT

(Check One)

New Payroll Deduction

Change of Payroll Deduction From -- **To --**

I have this day authorized the Office of Compensation of Anne Arundel County Public Schools to deduct from my pay each payroll period the amount specified and transmit same to the Financial Institution of my choice.

Employee Authorization

Date

Signature

Bank Authorization

Date

Signature