



Authorization for Direct Deposit

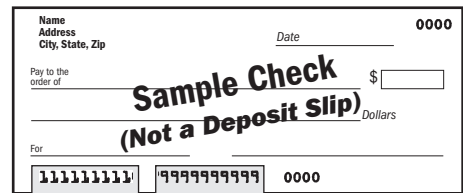
- New**
 Change

Employee Information

Name	Social Security No./Employee ID
Position	Work Location

Bank Information *(If you do not know any of this information, contact your bank)*

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



9-Digit Routing # Account # Do not use a deposit slip

Bank Name

Branch State

Routing #
 Must Be 9 Digits
(see sample above)

or	Checking Account # <i>(see sample above)</i>	You May Only Select One Account
	Savings Account #	

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
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Complete form and return it to the Division of Human Resources/Payroll Office as soon as possible.
(Incomplete forms cannot be processed.)

Payroll Office Use Only		
Entered by:	Date Entered	Effective Date