



# Savings or Checking Account Deduction Authorization

Name	Employee ID
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### Deduction Amount

I. Check one:

- Savings
- Checking

II. Check one:

- New Payroll Deduction – \$\_\_\_\_\_
- Change of Payroll Deduction – From \$\_\_\_\_\_ to \$\_\_\_\_\_

**Desired Start Date:** \_\_\_\_\_ (deduction will be taken from the first check **after** this date)

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

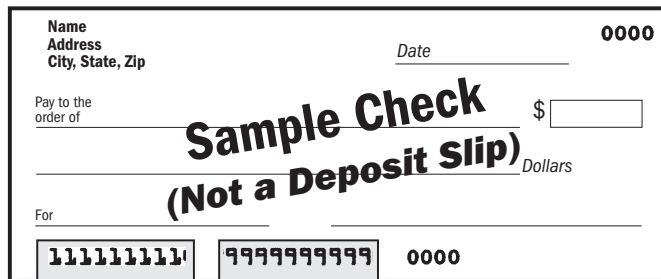
Bank Name \_\_\_\_\_

Branch	State
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Routing #  
Must Be 9 Digits  
*(see sample below)*

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Checking Account # <i>(see sample below)</i>	<b>or</b>	Savings Account #
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**9-Digit  
Routing #**

**Account #**

**Do not use a  
deposit slip**

**Please note that this form *should not* be used for direct deposit of your biweekly paycheck.**

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

\_\_\_\_\_  
Employee Authorization Signature

\_\_\_\_\_  
Date

### Internal Use Only

HR System Update: \_\_\_\_\_ By: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Audited by: \_\_\_\_\_