



Savings Account Deduction Authorization

Name: SSN:

Account Number: Routing Number:

Deduction Amount: (Check One)

New Payroll Deduction:

Change of Payroll Deduction From: To:

Start Date: _____
(deduction will be taken from the first check after this date)

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

I hereby authorize the Payroll/Benefits Department of Anne Arundel County Public Schools to deduct from my pay each payroll period the amount specified and transmit said amount to the Financial Institution designated above.

Employee Authorization Signature

Date

Bank Authorization Signature

Date

Internal Use Only

HR System Update: _____ By: _____

Effective Date: _____ Audited By: _____