

**DIRECT DEPOSIT AUTHORIZATION
MARICOPA COUNTY SCHOOL SUPERINTENDENT
OSBORN ELEMENTARY SCHOOL DISTRICT # 8**

Name (Please Print) _____ Last 4 digits of Social _____

Circle One: **START**

Name of Financial Institution: _____

Account Number: Report only one account number (Checking OR Savings)

CHECKING ACCOUNT NUMBER

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OR

SAVINGS ACCOUNT NUMBER

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I hereby authorize the Maricopa County School Superintendent's Office to initiate credit entries to my/our account as indicated above, and the depository named above to credit the same to such account. This authority is to remain in full force and effect until you have received written notification from me of its termination. I understand that my participation in this program will be terminated if my wages are garnished or assigned.

Employee Signature

Date

(attach voided check here)