

TULSA PUBLIC SCHOOLS
Authorization for Direct Deposits

To INDEPENDENT SCHOOL DISTRICT NUMBER ONE, TULSA, OKLAHOMA. I hereby authorize you to deposit my net pay to my account in the financial institutions named below and I authorize the financial institutions to accept and to credit the amount of that entry to my account. The authorization will remain in force until changed or canceling in writing as stated below.

Social Security Number

New/Change

Cancel **ALL** Bank Deposits

Employee Name

This authorization shall override any and all previous authorizations

School/Department

A. Used for Direct Deposit Bank – Fixed Amount

Savings

Checking

Financial Institution Name

Account Number

Fixed Amount

B. Used for Direct Deposit Bank – Fixed Amount

Savings

Checking

Financial Institution Name

Account Number

Fixed Amount

C. Used for Primary Direct Deposit Bank

Savings

Checking

Financial Institution Name

Account Number

100% of Net Balance

Signature

Date

This form must be received in the **PAYROLL DEPARTMENT THIRTY (30) DAYS PRIOR TO THE PAY DATE** in order to request direct deposits, make a change, or cancel the direct deposits.
If you are requesting funds to be deposited into a **checking account**, a preprinted deposit slip showing your name and account must accompany this authorization form. If the direct deposit is to a **savings account**, a verification of account number from the financial institution must be completed and on file in our office thirty (30) days prior to the pay date.