

TULSA PUBLIC SCHOOLS
Finance Division – Accounting Department
3027 South New Haven
P.O. Box 470208
Tulsa, OK 74147-0208

Verification of **SAVINGS ACCOUNT** Number and Financial Institution Routing Number

Name and Address of Financial Institution	Routing Number <div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> - <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> </div>		
Depositor's Savings Account Name	Depositor's Savings Account Number		
Financial Institution's Certification			
I confirm the identity of the above named payee and the savings account number. As a representative of the above named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in the payee(s) savings account.			
Print or type representative's name	Signature of representative	Telephone number	Date
The financial institution should mail or send the completed form along with a completed direct deposit authorization form to TPS at the above address.			