



Direct Deposit Authorization Agreement Form

PLEASE NOTE: It generally takes two pay periods to start or change direct deposit. The first pay period, you will receive a check. The second pay period will be direct deposit.

Once your direct deposit begins, you will no longer receive a printed paystub. You can view your paystubs online from any computer at "www.mpsaz.org".

EMPLOYEE INFORMATION

Name: _____

EIN or SSN: _____ Phone Number: _____

ACCOUNT INFORMATION

PRIMARY CHECKING Please check one: START STOP CHANGE

Name of Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Amount per Pay (optional; cannot be percentage): \$ _____

SECONDARY CHECKING Please check one: START STOP CHANGE

Name of Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Amount per Pay (optional; cannot be percentage): \$ _____

PLEASE ATTACH BANK ACCOUNT INFORMATION HERE.
(A VOIDED CHECK OR A FORM FROM YOUR FINANCIAL INSTITUTION)

PRIMARY SAVINGS Please check one: START STOP CHANGE

Name of Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Amount per Pay (optional; cannot be percentage): \$ _____

SECONDARY SAVINGS Please check one: START STOP CHANGE

Name of Financial Institution: _____

Routing/Transit Number: _____ Account Number: _____

Amount per Pay (optional; cannot be percentage): \$ _____

AUTHORIZATION AGREEMENT

I hereby authorize Mesa Public Schools to initiate automatic deposits to the account(s) listed at the bank(s) or credit union(s) listed above. Additionally, I authorize Mesa Public Schools to make withdrawals from this account in the event of an error.

Furthermore, I agree not to hold Mesa Public Schools responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s), or due to an error on the part of my bank(s) or credit union(s) in depositing funds to my account(s).

This agreement will remain in effect until Mesa Public Schools receives a written notice of cancellation from me or my bank(s) or credit union(s), or until I submit a new Direct Deposit Authorization Agreement Form to the Mesa Public Schools Payroll Department.

Employee Signature: _____ Date: _____