



Sahuarita Unified School District No. 30

*Sahuarita High School
Sahuarita Middle School
Sahuarita Primary School
Sahuarita Intermediate School*

*Anza Trail School
Sopori Elementary School
Walden Grove High School
Copper View Elementary School*

Direct Deposit Form

Checking Account

Savings Account

EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS Sahuarita Unified School District No. 30

I hereby authorize the Payroll Department to initiate credits (and/or corrections to the previous credits) to the financial Institution indicated below:

Financial Institution Name: _____

This authority is to remain in effect until you have received written notification from me of its termination.

Name (Print): _____ Social Security Number: _____

Signature: _____ Date: _____

NOTE: YOUR FIRST PAYCHECK WILL BE A HARD CHECK AS WE CONFIRM YOUR ACCOUNT.

Attach voided check here