

Direct Deposit Authorization

Please fill out and return by inter-office school mail or U.S mail to:

Atlanta Public Schools
130 Trinity Avenue, S.W.
Atlanta, GA 30303

I hereby authorize Atlanta Public Schools to deposit my net pay into my checking/savings account at the financial institution named below. Atlanta Public Schools is also authorized to adjust any erroneous deposits made to my account.

This authorization will remain in effect until I change this information in writing.

Important Checking: Please attach a copy of a **VOIDED** check from your current checking account if this is to be the account.

Important Savings: Please verify the correct routing number and account number with your financial institution.

New: _____ Existing (making change): _____

Name: _____

Contact Numbers: Day (____) _____ Evening (____) _____

Employee number: _____ or SSN: _____ - _____ - _____

School / Work Location: _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____

Type of Account (mark one): Checking: _____ Savings: _____

Deduction amount per pay period: _____

Signature: _____ Date: _____