Pickford Public Schools DIRECT DEPOSIT AUTHORIZATION FORM

me:	Last four (4) digits of SS#:		
NET PAY	DIRECT DEPOSIT		
nk Name:	Bank Address:		
y:	State:	Zip	
For all direct deposits (Primary Account: Effective Date: Transit Number Account Number		<u> </u>	
□ Checking □ Savings □ Credit Union			
Transit Number Account Number		Acct Type	Amt. or %
Transit Number Account Number	centage of net pay to be deducted fror	 n each payroll	
te: The bank selected to receive the direct deposit must be a member authorize Pick authorize Pick cessary, to the bank account noted above. This authority is to remand me of its termination. Written termination shall be received in supportunity to act on it.	kford Public Schools to initiate cred	dit entries and correcting Schools has received w	ng debit entrie vritten notifica