

PROVO CITY SCHOOL DISTRICT
AUTHORIZATION FOR DIRECT DEPOSIT



5320 F1

Name: _____

Employee ID #: _____

I hereby authorize Provo School District to make payment of any amounts owing to me by crediting the account indicated below in the bank named below. I may terminate this agreement at any time with written notification to the Provo School District.

Employee Signature: _____

Bank Name: _____

Account Type (choose one):

Checking OR Savings

ATTACH A VOIDED PERSONAL CHECK HERE

Payday is the 15th of every month

Other miscellaneous reimbursements are made on a weekly basis. Your reimbursement will be deposited into your account the week following when the Accounts Payable Office received your paperwork. Statements for miscellaneous reimbursements will be e-mailed to you.

FOR PAYROLL OFFICE ONLY:

Account#: _____

Routing #: _____