

**DIRECT DEPOSIT AUTHORIZATION**

**MARICOPA COUNTY SCHOOL SUPERINTENDENT'S OFFICE**

District FOWLER ESD #45 Social Security Number \_\_\_\_\_ Name (Print Please) \_\_\_\_\_ Check One  
START  
STOP

Please provide an email address for direct deposit receipts (payslips), or leave blank for paper copies:

Email Address: \_\_\_\_\_

NAME OF BANK, SAVING & LOAN, OR CREDIT UNION: \_\_\_\_\_

ACCOUNT TYPE: CHECKING SAVINGS

ACCOUNT NUMBER:

ROUTING NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

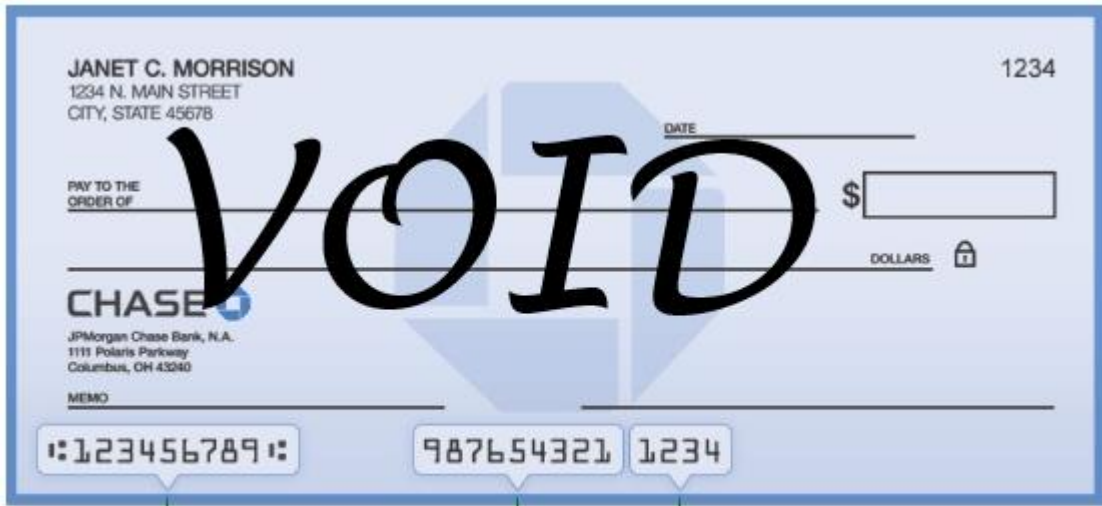
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I hereby authorize the Maricopa County School Superintendent's Office to initiate credit entries to my/our account (indicated above), and the depository named above to credit the same to such account. This authority is to remain in full force and effective until you have received written notification from me of its termination. I understand that my participation in this program will be terminated if my wages are garnisheed or assigned.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLEASE ATTACH A VOIDED PERSONAL CHECK (OR BANK DOCUMENT)  
DIRECT DEPOSIT CANNOT START WITHOUT IT**



The routing/transit number

The checking account number

The check number

Please return completed form to FESD's payroll department for processing. Thank you!