**CAÑON CITY SCHOOLS**

**DIRECT DEPOSIT AUTHORIZATION**

**EMPLOYEE’S AUTHORIZTION**- Please fill out and return to the Payroll Department

I authorize you and the financial institution(s) listed below to deposit my pay automatically to my bank account(s) each payday. This authorization will remain in effect until I have cancelled it in writing.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  | 🞎 Checking |
|  |  | Financial Institution |  | Account Number |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | 🞎 Savings |
|  |  | Routing Number |  | Direct Deposit Sure Pay (Main Account) |  |

|  |  |  |  |  |  |  |
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| 2. |  |  |  |  |  | 🞎 Checking |
|  |  | Financial Institution |  | Account Number |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | 🞎 Savings |
|  |  | Routing Number |  | Amount or % to be Direct Deposit |  |

|  |  |  |  |  |  |  |
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| 3. |  |  |  |  |  | 🞎 Checking |
|  |  | Financial Institution |  | Account Number |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | 🞎 Savings |
|  |  | Routing Number |  | Amount or % to be Direct Deposit |  |

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| 4. |  |  |  |  |  | 🞎 Checking |
|  |  | Financial Institution |  | Account Number |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | 🞎 Savings |
|  |  | Routing Number |  | Amount or % to be Direct Deposit |  |

|  |  |
| --- | --- |
|  |  |
|  | Employee Signature |
|  |  |
|  |  |
|  | Name (Please Print) |
|  |  |
|  |  |
|  | Date |