

Employee Name _____

I hereby authorize Arlington Public Schools to make payroll deposits to up to three separate bank accounts as indicated below:

NET PAY DEPOSIT

Bank Name _____

Account No _____

ADDITIONAL DEPOSIT

Bank Name _____

Account No _____

Amount \$ _____

Checking

Savings

ADDITIONAL DEPOSIT

Bank Name _____

Account No _____

Amount \$ _____

Checking

Savings

IMPORTANT: ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT DEPOSIT AND/OR A SAVINGS DEPOSIT SLIP FOR A SAVINGS ACCOUNT DEPOSIT.

Attach voided slip(s) here

This authority is to remain in full force and effect during my employment with Arlington Public Schools. I understand that APS requires thirty (30) days written notice if I change bank(s) and/or account(s).

By signing below, I agree to hold APS harmless for all liabilities resulting from implementation of this procedure, and thus release them from all responsibility for problems arising there from.

Employee Signature _____

Date _____