TULSA PUBLIC SCHOOLS Authorization for Direct Deposits

To INDEPENDENT SCHOOL DISTRICT NUMBER ONE, TULSA, OKLAHOMA. I hereby authorize you to deposit my net pay to my account in the financial institutions named below and I authorize the financial institutions to accept and to credit the amount of that entry to my account. This authorization will remain in force until changed or cancelled in writing as stated below.

	New		Consol Al I	Donk Danasita		
Employee Identification Number	Change		Cancer ALL	Bank Deposits		
Employee Name	This authorization shall override any and all previous authorizations.					
School/Department						
A. Used for Primary Direct Deposit Bank	Savings		Checking		100% of Net Balance	
Financial Institution Name	Account Number				100% of Net Balance	
B. Used for Direct Deposit Bank - Fixed Amount	Savings		Checking			
Financial Institution Name	Account Nun	nber			Fixed Amount	
C. Used for Direct Deposit Bank - Fixed Amount	Savings		Checking			
Financial Institution Name	Account Nun	mber			Fixed Amount	
Signature This form must be received in the PAYROLL DEPARTME make a change, or cancel the direct deposits. If you are requesting funds to be deposited into a checkin authorization form. If the direct deposit is to a savings at and on file in our office thirty days (30) prior to the pay day and on file in our office thirty days (30) prior to the pay day to INDEPENDENT SCHOOL DISTRICT NUMBER ONE, institutions named below and I authorize the financial inst in force until changed or cancelled in writing as stated below the payone below the payone in the payon	ng account, a verificate. TULSA Authorizat TULSA, OKLAH- itutions to accep	PUBLI ion for OMA. I her t and to cre	C SCHOO Direct Do eby authorize y dit the amount	name and accou om the financial DLS eposits ou to deposit my	nt must accompany this nstitution must be completed revised 09-24-08 y net pay to my account in the financial ny account. This authorization will remain	
		,				
School/Department						
A. Used for Primary Direct Deposit Bank	Savings		Checking		100% of Net Balance	
Financial Institution Name	Account Nun	nber			100/0 of Net Dalailos	
B. Used for Direct Deposit Bank - Fixed Amount	Savings		Checking			
Financial Institution Name	Account Nun	nber			Fixed Amount	
C. Used for Direct Deposit Bank - Fixed Amount	Savings		Checking			
Financial Institution Name	Account Nun	nber	_	Data	Fixed Amount	

This form must be received in the PAYROLL DEPARTMENT THIRTY (30) DAYS PRIOR TO THE PAY DATE in order to request direct deposits, make a change, or cancel the direct deposits.

If you are requesting funds to be deposited into a **checking account**, a voided check showing your name and account must accompany this authorization form. If the direct deposit is to a **savings account**, a verification of account number from the financial institution must be completed and on file in our office thirty days (30) prior to the pay date.