

GAPS DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____ SSN: Last 4 digits _____

I hereby authorize the Greater Albany Public School District 8j to initiate credit entries to my checking account or savings account as marked. A **voided check** is attached showing the financial institution and account number. This authority is to remain in full force and effect until the district has received written notification from me of its termination in such time and in such manner as to afford the district reasonable opportunity to act on it. If my employment is terminated, I am aware that my direct deposit information will be deleted from the system automatically.

Checking Account

Savings Account

Signature: _____ Date: _____

For **Payroll** direct deposit, check this box. Your **next paycheck will be direct deposited** on payday.

For **Accounts Payable** reimbursement direct deposit, check this box. Your reimbursement will be direct deposited to the same account as your Payroll direct deposit. If you want to use a different account, please **check here** **and attach a new voided check.**

PLEASE ATTACH A VOIDED CHECK