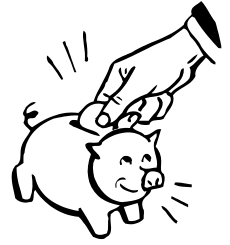


DIRECT DEPOSIT DEDUCTION AUTHORIZATION



Employee Name: _____ SSN: _____

I hereby authorize the Greater Albany Public School District 8J to deduct the specified amount from my net pay, then credit the checking or savings account marked. A **voided check** is attached showing the financial institution and account numbers. 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.

- 1. Checking Account Savings Account \$ _____ new change
- 2. Checking Account Savings Account \$ _____ new change
- 3. Checking Account Savings Account \$ _____ new change

Signature: _____ Date: _____

All deductions will be directly deposited on payday. You may have up to 3 different direct deposit deduction amounts.

PLEASE ATTACH VOIDED CHECK.