

CHARTER PLAINS EDUCATION CHARTER HIGH SCHOOL
AUTHORIZATION FOR DIRECT DEPOSIT

Charter Plains Education Charter High School is hereby authorized to initiate direct deposit of my earnings to the financial institution and checking/savings account indicated below. This authority is to remain in full force and effect until Charter Plains has received written notification from me of its termination in such time and manner as to afford Foothills reasonable opportunity to act on it.

EMPLOYEE NAME

SOCIAL SECURITY #

FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER

ROUTING NUMBER

CHECK ONE:

_____ I am not currently participating in the Direct Deposit Program. Add-Deposit my pay to the account shown.

_____ I am currently participating in the Direct Deposit Program. Change-Change financial institution and/or account number.

PLEASE CHECK TYPE OF ACCOUNT. _____CHECKING _____SAVINGS

ATTACH A COPY OF A VOIDED CHECK.

EMPLOYEE SIGNATURE

DATE