



CAPE GIRARDEAU
PUBLIC SCHOOLS

Human
Resources

Direct Deposit Authorization Form

Name: _____ Phone Number: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Your pay will be deposited directly into your checking or savings account each payday. A copy of your paystub will be made available to you through the district web portal.

Bank Name: _____	Branch: _____
City: _____	State: _____ Zip Code: _____
Checking: Routing # _____	Account # _____ Amount \$ _____
Savings: Routing # _____	Account # _____ Amount \$ _____

I hereby authorize my employer to initiate credit entries (deposits) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my bank account indicated above. This authorization will remain in effect until cancelled by me with written notification to my employer.

Signature

Date