



**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 \$ _____

**\*PLEASE ATTACH AUTHORIZED DOCUMENTATION THAT INCLUDES BANK INFORMATION\***

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