

**PRESCOTT UNIFIED SCHOOL DISTRICT NO. 1
DEDUCTION AUTHORIZATION**

NAME: _____ DATE: _____

BANK NAME: _____

SAVINGS: _____ CHECKING: _____ AMOUNT: _____ PER PAY.

ACCOUNT# _____ ROUTING# _____

TO PAYMASTER: I hereby authorize you to deduct the following amount from my pay until further notice from me, and transmit same currently to the above named financial institution.

SIGNATURE: _____

**** ATTACH A VOIDED CHECK IF DEDUCTION IS TO A CHECKING ACCOUNT.
ATTACH A DEPOSIT SLIP IF DEDUCTION IS TO A SAVINGS ACCOUNT.**