

PUSD#1 DIRECT DEPOSIT AUTHORIZATION AGREEMENT

NAME _____ SOC. SEC. # _____

ACCT# _____

CHECKING BANK
 SAVINGS NAME _____

ROUTING # _____

(Located on bottom of check)

**I authorize Prescott Unified School Dist. #1 to initiate credit entries to my account.
I authorize Prescott Unified School Dist. #1 to initiate corrections and adjustments
for any credit entries made in error.**

Signature _____

Date _____

**PLEASE ATTACH A VOIDED CHECK IF DEPOSIT IS FOR CHECKING.
IF DEPOSIT IS FOR SAVINGS, PLEASE ATTACH A DEPOSIT SLIP.**