Anchorage School District
Direct Deposit Authorization
Individual Payments

This form will start, stop or change direct deposit payments received by you from the Anchorage School District.

F Start F Stop F Change

Instructions

General
Type or print clearly. Complete the form in its entirety - blanks may delay processing. Return the completed form to:

Anchorage School District
Accounting Department

Payee Information:

_____
Payee Name

_____
Mailing Address

_____
City, State, Zip Code

_____
Contact Phone Number

_____
Email Address

F F F F
Last 4 Digits of Social Security Number

Financial Institution:

_____
Name of Financial Institution

_____
Financial Institution Telephone Number

F F F F F F F F F
Transit Routing Number

Account Type: F Checking F Savings

F F F F F F F F F F F F F
Account Number

_____
Authorized Name on Account (print)

_____
Authorized Signature on Account – Signature above signifies acceptance of the terms and conditions noted in the Agreement to the left.

Date: _____

Accounting Form #017