

CATALINA FOOTHILLS SCHOOL DISTRICT
2101 East River Rd
Tucson, AZ 85718



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____ Badge#: _____

I authorize Catalina Foothills School District and the financial institution named below to automatically deposit my pay to my account (this includes my authorization to you to reverse any entries made in error).

Dollar amount: **NET PAY** ~~-or-~~ **FIXED AMOUNT** of \$ _____

This authority will remain in effect until I give written notice to the payroll department.

Account Type: Checking Account No. _____

Savings Account No. _____

Financial Institution Name: _____

Employee Signature: _____ Date: _____

**Attach a voided check or other bank document
showing routing number, account number and
account type for verification purposes**