

Oklahoma City Public Schools

Financial Services

900 N. Klein Oklahoma City, Oklahoma 73106 (405) 587-0000

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I authorize Oklahoma City Public Schools to initiate credit and debit entries (as necessary) and any adjustments for same to my savings/checking account indicated below at the depository indicated. **I am aware that if I close this account, I will need to notify the Payroll Department at Oklahoma City Public Schools in writing one pay period prior to the effective date of the change.**

Name: _____

Employee ID #: _____ Phone: _____

Account Type: Checking
 Savings

Bank Name: _____

Routing Number: _____

Account Number: _____

Signature: _____ Date: _____

Please attach a voided check or savings deposit slip below.