

BROKEN ARROW PUBLIC SCHOOLS  
701 SOUTH MAIN STREET  
BROKEN ARROW OK 74012  
(918) 259-5700

**DIRECT DEPOSIT AUTHORIZATION FORM**

CHECKING

SAVINGS

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

EMPLOYEE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

POSITION: \_\_\_\_\_ SITE: \_\_\_\_\_

**CHECK ONE:**

**NEW**

Deposit my pay to my  
Checking/Savings account.

**CHANGE**

Change Financial  
Institution and/or  
Checking/Savings account #.

**CANCEL**

Stop my Direct Deposit.

COMMENTS: \_\_\_\_\_

**PLEASE ATTACH VOIDED CHECK HERE**

\*If using a document from your bank please staple it to the back of this form.

Due to the time required for Broken Arrow Public Schools processing, this form must be received by the 10<sup>th</sup> of the month to allow correct application.

I hereby authorize Broken Arrow Public Schools and the financial institution listed above to deposit my wages directly to my account each payday. This authority will remain in effect until I file a new Authorization Form.

\_\_\_\_\_  
Signature