

PUSD#1 DIRECT DEPOSIT AUTHORIZATION AGREEMENT

NAME _____

BANK Name _____

Please circle one CHECKING / SAVINGS

ACCT# _____

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.**