



**Direct Deposit**  
**Payroll Authorization**

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I hereby authorize St. Mary's School for the Deaf, hereinafter called "The School", to deposit the net amount of my paycheck to my account(s) at the financial institution named below, hereinafter called "Depository".

Depository Name: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Depository Automated Clearing House Number: \_\_\_\_\_

**Checking Account Number:** \_\_\_\_\_

Amount to be credited to Checking Account:

Full Pay: \_\_\_\_\_ Or: \_\_\_\_\_

**Savings Account Number:** \_\_\_\_\_

Amount to be credited to Savings Account:

Full Pay: \_\_\_\_\_ Or: \_\_\_\_\_

This authorization is to remain in full force and effect until the School has received written notification from the undersigned of its termination in such time and manner as to afford the School and the Depository a reasonable opportunity to act on it. I acknowledge that the origination of this direct deposit authorization to my account(s) must comply with the provisions of the United States law.

Name (**Please Print**): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_