urePay EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS

OMPANY NAME : Tuba City Unified School District #15
OMPANY ADDRESS : P O Box 67
TY, STATE, ZIP : Tuba City, AZ 86045

we) authorize Tuba City Unified School District #15 to initiate credit entries and to initiate, if necessary debit entries and adjustments for any credit entries or, to my (our) checking or savings account (indicated below) and the depository name below, to credit and/or debit the same to such account.

nancial Insitution : _____ Address : _____
ranch : _____ City : _____
ccount Number : _____ State : _____ Zip: _____

is authority is to remain in full force and affect until you have received written notification from me (or either of us) of its termination.

ame (Print): _____ Social Security No. _____

gnature: _____ Date: _____

FOR FINANCIAL INSTITUTION USE ONLY – LEAVE BLANK

FINANCIAL INSTITUTION ROUTING NO.	ROUTING CHECK DIGIT	ACCOUNT NUMBER INFORMATION

Surepay ☐ Checking ☐ Amount $_____
Deduction ☐ Savings ☐ Amount $_____