



LIVE OAK CANYON SCHOOL

DIRECT DEPOSIT AUTHORIZATION FORM

I _____ authorize Live Oak Canyon School
to implement / discontinue (**circle one**) direct deposit based on the information provided below:

DATE _____ EMP # _____
NAME _____ DEPT # _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

BANK NAME _____
ACCOUNT # _____ Checking Savings
ROUTING # _____

EMPLOYEE SIGNATURE _____ DATE _____

CANCELLED CHECK

PLEASE ALLOW 2-3 PAYROLL PERIODS FOR CHANGE TO TAKE EFFECT