



Division of Finance, Payroll
15701 E. 1st Ave., Suite 106
Aurora, CO 80011

Phone: 303-365-5814
Fax: 303-326-1980

Last Name	First Name	Initial	Employee ID#

1. Notice of a changed checking or savings account must be in the Payroll Office at Payroll/ESC1 by the 15th of the effective month in order to redirect the deposit.
2. The district will not be held responsible for monies direct deposited to a closed/changed account.

Complete the entire form: date, sign and attach a voided check.

Notice: Please verify that the information provided is accurate. Incorrect information may delay your deposit.

Section 1: Primary Account Check one: ___ Checking ___ or Savings

A dollar amount does not need to be specified for this account. (The primary account will be credited with the balance of net pay remaining after deposits are made to any additional account listed below.)

NAME OF FINANCIAL INSTITUTION _____

Transit/ABA No. _____ Bank Account No. _____

Attach a voided check.

Section 2: (Complete this section only if part of the net pay should be deposited into another account.)

Additional Account Check one: ___ Checking ___ or Savings

A specific dollar amount for the additional account **must** be designated. Percentages are not allowable and all remaining net pay will be deposited into the primary account listed above.

NAME OF FINANCIAL INSTITUTION _____

Transit/ABA No. _____ Bank Account No. _____

Attach a voided check. Amount to be deposited into the additional account \$ _____

Authorization: I hereby authorize Aurora Public Schools, hereinafter called the DISTRICT, to make payment of any amount owed to me for payroll by initiating credit entries to the account in the banks indicated.

DATE: _____ SIGNATURE: _____