

## AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYROLL DEPOSIT

NAME \_\_\_\_\_  
please print

I hereby authorize the Anacortes School District to initiate credit entries to my account as directed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**PRIMARY**

| Bank Name | Account Type  | Account Number | Dollar Amount  |
|-----------|---|----------------|--|
|           | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Other |                | NET (amount after all other deductions and secondary ACH transactions) |

**SECONDARY**

| Bank Name | Account Type  | Account Number | Dollar Amount |
|-----------|---|----------------|---------------|
|           | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Other |                |               |
|           | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Other |                |               |
|           | <input type="checkbox"/> Checking<br><input type="checkbox"/> Savings<br><input type="checkbox"/> Other |                |               |

This authorization is to remain in full force and effect until the Anacortes School District has received written notification from me of its termination.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Checking Account:  
 Please attach a **VOIDED CHECK** for **EACH ACCOUNT**  
 (no deposit slips)

Savings Account:  
 Please attach **DEPOSIT SLIP** for **EACH ACCOUNT**

*Due in payroll by the 5<sup>th</sup> of the month in order to be processed with current month's payroll.*