

AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYROLL DEPOSIT

NAME: _____
 please print

I hereby authorize the Anacortes School District to initiate credit entries to my account(s) 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 & Routing #	Account Type	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		NET (amount after all other deductions and secondary ACH transactions)

SECONDARY

Bank Name & Routing #	Account Type	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <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

<p>Checking Account Please attach a <u>VOIDED CHECK</u> for <u>EACH ACCOUNT</u> (no deposit slips)</p> <p>Savings Account Please attach a <u>DEPOSIT SLIP</u> for <u>EACH ACCOUNT</u></p>

Mail Completed Form and attachments to:
 Anacortes School District, 2200 "M" Avenue, Anacortes, WA 98221
 Due in payroll by the 5th of the month in order to be processed with current month's payroll.