

The Anacortes School District requires **ALL EMPLOYEES** to have **DIRECT DEPOSIT**.

We need this form turned in by 10 of the month.

Please submit a voided check or savings deposit attached with form.

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	Account Type	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	Routing # _____ Bank Acct # _____	NET (amount after all other deductions and secondary ACH transactions)

SECONDARY

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

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 a **DEPOSIT SLIP** for **EACH ACCOUNT**

Mail Completed Form and attachments to:

Anacortes School District, 2200 "M" Avenue, Anacortes, WA 98221