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South Whidbey School District \#206
Direct Deposit Authorization Agreement
All employees are eligible and required to enroll in direct deposit.
Employee Name (Print)

I hereby authorize South Whidbey School District to initiate electronic credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the following accounts:



SECONDARY ACH Transaction


| Account Type |
| :--- |
| $\square$ Checking |
| $\square$ |$\quad \square$ Savings

Other

This authorization is to remain in full force and effect until South Whidbey School District has received an updated agreement in such timing and in such manner as to afford South Whidbey School District and Financial Institution a reasonable opportunity to act on it. Direct Deposit Authorization Agreement forms must be received by Payroll by the 5th of the month in order to be processed for that month. Forms received after the 5th may not be in affect until the following month. I understand that I must notify Payroll immediately of any changes to my account(s) that would affect this process. I further understand that failure to do so could result in a delay in receiving my pay.

| Signature | Date |
| :--- | :--- |

# ATTACH VOIDED CHECK FOR ALL CHECKING ACCOUNTS ATTACH DEPOSIT SLIP FOR ALL SAVINGS ACCOUNTS 

