

Northshore School District
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize the Northshore School District to make payroll deposits to my bank account(s) indicated below along with my reimbursement pay. This authorization is to remain in full force until the District is notified in writing. Notification to start or cancel direct deposit must be received by the 15th of each month. This authorization form supersedes any previous form.

Employee Name (print) _____

Employee I.D. or S.S. # _____

PRIMARY ACCOUNT – FOR NET PAY AND EXPENSE REIMBURSEMENTS

Bank Name: _____

Routing Number: _____

Account Number: _____

_____ No Change _____ Checking _____ Savings

OPTIONAL SPLIT PAYROLL DEPOSIT(S)

2nd Bank Name: _____

Routing Number: _____

Account Number: _____

SET DOLLAR AMOUNT \$ _____ _____ Checking _____ Savings

Change dollar amount only from \$ _____ to \$ _____

3rd Bank Name: _____

Routing Number: _____

Account Number: _____

SET DOLLAR AMOUNT \$ _____ _____ Checking _____ Savings

Change dollar amount only from \$ _____ to \$ _____

Signature _____ **Date** _____

PLEASE ATTACH ONE OF THE FOLLOWING:

A voided check for your checking account (no deposit slips will be accepted).

A savings deposit slip for your savings account (please double check with your bank that the correct routing number and account number are on the deposit slip. Some banks are different and this will cause a delay in your file being complete).

If you do not have checks, please ask your bank for a letter or form that verifies your name, your routing and account numbers, and whether you want your deposit to go into checking or savings.

If you have questions, please contact Jodi Miller at (425) 408-7660

RETURN FORM TO THE PAYROLL DEPARTMENT

Northshore School District
Payroll
3330 Monte Villa Parkway
Bothell WA 98021-8972

9/29/17