



DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE TYPE OR PRINT CLEARLY

LAST NAME		FIRST NAME		M.I.	SOCIAL SECURITY NUMBER
					Last 4 only
				***	**
BANK NAME				<p>I hereby authorize and request Highline Public Schools to make payroll deposits to the financial institution indicated on this authorization form.</p> <p>I understand that if my completed form is received in Payroll by the 20th of the month, my direct deposit will begin at the end of the month. If it is received after the 20th, it will begin with the following month's payroll.</p> <p>I understand that I must immediately notify the District's Payroll Department upon closing my account and that I must also complete a new Direct Deposit Authorization Form upon changing banks and/or accounts.</p> <p>I understand Highline Public Schools will assume no responsibility in the event electronic transfer of funds is not accepted by my financial institution and that no payment will be received by me until funds are returned to the District's Payroll Department.</p> <p>Highline Public Schools may terminate this direct deposit authorization if one or more of the following events occur:</p> <ul style="list-style-type: none"> • Resignation of employment • Retirement 	
ACCOUNT NUMBER		ACCOUNT TYPE			
		Check one (1) of the following:			
		<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS			
<p>Attach a voided check for checking OR an account information letter from your bank</p>					
EMPLOYEE SIGNATURE			DATE		
FOR PAYROLL USE ONLY					
Employee ID Number:					
Bank Routing Number:					
Date Processed:					