

GRANTS PASS SCHOOL DISTRICT #7
725 NE DEAN DRIVE
GRANTS PASS, OR 97526

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Authorization is hereby granted to **Umpqua Bank**, on behalf of Grants Pass School District #7, hereinafter called COMPANY, to initiate credit entries to **my account** specified below at the depository financial institution **named below**, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Your Bank
Name _____ Branch _____

City _____ State _____ Zip _____ Bank phone Number _____
Account Number _____ Routing Number _____

Checking Savings HSA – Payroll deduction amount per pay check \$ _____

For Checking or Savings -
Amount to be deposited: NET: Yes No If not depositing entire net check amount, please specify
amount to be deposited: \$ _____

**PLEASE ATTACH A VOIDED CHECK HERE
(deposit slips are not accepted)**

This authorization is to remain in full force and effect until COMPANY has received written notification from the below named account holder of termination or change. Notification must be given to the Payroll Department by the 15th of the month prior to the effective date of the termination or change. Check stub information is transmitted electronically, via e-mail, therefore a valid e-mail address must be provided.

_____ Last 4 of SS# _____
Name (please print)

E-mail Address (please print)

Signature _____ Date _____

**NOTE: CHANGES TO ESTABLISHED DIRECT DEPOSITS WILL BE MADE ONLY AFTER
WRITTEN AUTHORIZATION HAS BEEN RECEIVED BY THE PAYROLL
DEPARTMENT.**