

POTLATCH SCHOOL DISTRICT #285
130 Sixth Street
POTLATCH, ID 83855-8757



AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSITS

EMPLOYEE NAME: _____ SOCIAL SECURITY #: _____

I hereby authorize **POTLATCH SCHOOL DISTRICT #285** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my **checking account** **savings account** (select one) indicated below and the depository named below, (the DEPOSITORY), to credit/ and/or debit the entries to such account.

DEPOSITORY

FINANCIAL INSTITUTION: _____ ACCOUNT NUMBER: _____

BRANCH ADDRESS: _____ BRANCH CITY, STATE ZIP: _____

This authority is to remain in full force and effect until **POTLATCH SCHOOL DISTRICT #285** has received written notice from me of its termination in such time and in such manner to afford the company and depository reasonable opportunity to act upon it.

EMPLOYEE SIGNATURE: _____ DATE: _____

Transit Routing Number (9 digits)										
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Account Number (can vary in length)																				
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****PLEASE ATTACH A VOIDED CHECK TO THIS DOCUMENT.**