

PORT ANGELES SCHOOL DISTRICT
 905 W 9TH ST
 PORT ANGELES, WA 98363

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

NAME (Please print)	
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I hereby authorize the Port Angeles School District to automatically deposit my funds into my checking and/or savings accounts identified below and the FINANCIAL INSTITUTION named below to accept such deposits initiated by the Port Angeles School District. In the event of an incorrect amount or entry, I authorize the Port Angeles School District to reverse this transaction.

Financial Institution	Routing #	Account #	Select One		Select One		Pre-Note Date (Payroll Use Only)
			Checking	Savings	*Net Pay (Entire Check)	*Payroll Deduction List Amount	

This authorization is to remain in full force and effect until Port Angeles School District has received written notification from me of its termination in such time and in such manner as to afford the Port Angeles School District and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Date	Signature
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NOTE: This request must be received in the payroll office by the 10th of the month you wish the direct deposit to happen in order to facilitate the pre-note process.

PLEASE ATTACH VOIDED CHECK(S) FOR ALL CHECKING ACCOUNTS.

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*Net Pay = Balance of pay check. Simply check the box in this column.

*Payroll Deduction is a portion of your pay. You must indicate how much you wish to deposit to this account.