

Chimacum School District AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I, _____ (Print Name) hereby authorize the Chimacum School District to initiate credit entries and to initiate, if necessary, adjustments for any credit entries in error.

-- **Checking** (Account information listed below AND **voided check** attached.)

-- **Savings** (Account information listed below AND **voided deposit slip** attached.)

Bank:	Branch:	Acct #:
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This authorization is to remain in full force and effect until the Chimacum School District has received written notification. Notification to start or cancel direct deposit must be received by the 10th of each month. This authorization form supersedes any previous form.

Employee Signature:	Date:
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Important Note: The first month of a new direct deposit or with any change in bank or bank accounts, a test run (pre-note) with zero dollars will be run to verify the account and routing numbers. Provided there are no rejections during the pre-note process, your money will be deposited electronically the same month. If a rejection occurs, you will be contacted for further instructions. Funds electronically deposited will be available at the opening of the banking day on payday. Payday is generally the last banking day of the month.

ATTACH VOIDED CHECK HERE
(Deposit Slip for Savings)

**Notify payroll immediately of any changes to your account that would affect this process.
A change could result in a delay in receiving your pay.**

<input type="checkbox"/> -- Please STOP my Direct Deposit	
Employee Signature:	Date:

If you have questions, please contact the payroll officer.