



For our children, our community, our world, our future
CHENEY PUBLIC SCHOOLS
12414 SOUTH ANDRUS ROAD, CHENEY, WA 99004

(509) 559-4599 * FAX 559-4575
www.cheneysd.org

Additional Direct Deposit Account

Amount: \$ _____

AUTHORIZATION AGREEMENT FOR ELECTRONIC DIRECT DEPOSIT

Employee Name

CHECK ONLY ONE:

Financial Institution Name

Checking Account (attach a voided check)

City

State

Savings Account (attach a voided deposit slip)

I hereby authorize Cheney Public Schools to deposit my monthly pay and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account.

I understand that the financial institution will have these credited funds available to me at the beginning of the business day on the scheduled district paydays.

I understand that if I have any questions regarding the deposit of my payroll warrant funds, **I will contact my financial institution directly.**

I understand that it is my responsibility to notify the school district payroll office of **any change in the account numbers** or the current location where my direct deposit is to be sent **prior to the tenth of the month in which the change is to take place.**

I also understand that if I wish to cancel this service I may do so by notifying the district payroll office in writing no later than the tenth of the month in which the change is to take place.

A check/deposit slip (see above) marked "VOID" is attached for account verification purposes.

Signature

Date

ATTACH VOIDED CHECK FOR CHECKING DEPOSITS

ATTACH VOIDED DEPOSIT SLIP FOR SAVINGS DEPOSITS