AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Payroll will not accept this form through email or fax. It must be returned to the payroll office by the employee. ID is required. A voided check or direct deposit authorization form from your bank is also required.

Employee Name _____
(Please Print Clearly)

Employee Type

Full SS #_____ ❑Certificated ❑Classified
(Please check one)

Bank Name/Institution_____

❑Checking ❑Savings Account Number_____
(Please check one)

Please check one of the following:
❑New Employee
❑Returning Employee w/new bank account information
❑Returning Employee – using previous bank information on file
❑Current Employee – needing to change direct deposit information

In compliance with FPSD policy and procedure 6000P, I authorize Franklin Pierce School District to deposit all payments directly to the financial institution indicated above.

If payroll receives this completed authorization form by the 10th of the month, I understand that my direct deposit will begin with my next payroll. I understand that if this form is received after the 10th, I will be issued a one-time paper check that can be picked up on payday, and my direct deposit will begin the following month.

Payroll must be notified immediately of any changes to your direct deposit information

Signature_____Date_____

Payroll Address:
315 129th St. South Bldg B.
Tacoma, WA 98444