



North Santiam School District Direct Deposit Agreement Form

Employee Name: _____

Authorization Agreement

I hereby authorize North Santiam School District to initiate automatic deposits to my account at the financial institution(s) named below.

Further, I agree not to hold North Santiam School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds to my account.

This agreement will remain in effect until North Santiam School District receives a written notice of cancellation from me or my financial institution(s), or until I submit a new direct deposit form to the Payroll Department.

Account Information

#1	Name of Financial Institution:		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
	Routing Number:		\$ _____ Amount to be Deposited if Split
	Account Number:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
#2	Name of Financial Institution:		<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/> No Change
	Routing Number:		\$ _____ Amount to be Deposited if Split
	Account Number:		<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Signature

Employee Signature: _____ Date: _____

Please return this form to the Payroll Department by the 10th of the month.

ATTACH COPY OF VOIDED CHECK HERE