Employee ID#	



Clatskanie School District Direct Deposit Agreement Form (Employee)

Form 41

information supplied by me or by my financial instuitution or due to an error on the part of my financial institution in depositing fund to my account. This agreement will remain in effect until Clatskanie School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fiscal Service Department. Primary Account Information Name of Financial Institution: Type of Account: Checking Secondary Account Information Name of Financial Institution: Type of Account: Checking Savings Signature Authorized Signature (Primary): Date PLEASE TAPE VOIDED CHECK HERE PHYSICAL VOIDED CHECK MUST BE TURNED IN WITH THE FORM OR THE ACCOUNT WILL NOT BE SET UP. Payroll - Entered By: Date:	First Name:	Last Name:	
Direct Deposit for:			
Direct Deposit for:	Type of Action New Ac	Id/Change Use my Payroll Information	
I hereby authorize Clatskanie School District to initiate automatic deposits to my account at the financial institution named below. I also authorize Clatskanie School District to make withdrawals from this account in the even that a credit entry is made in error. Further, I agree not to hold Clatskanie School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in deposting fund to my account. This agreement will remain in effect until Clatskanie School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fiscal Service Department. Primary Account Information Name of Financial Institution: Type of Account: Checking Savings Secondary Account Information Name of Financial Institution: Type of Account: Checking Savings Signature Authorized Signature (Primary): Authorized Signature (Joint:) Date PLEASE TAPE VOIDED CHECK HERE PHYSICAL VOIDED CHECK MUST BE TURNED IN WITH THE FORM OR THE ACCOUNT WILL NOT BE SET UP. Fiscal Department Use Only Payroll - Entered By: Date:	Direct Deposit for: Payroll		
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