



**Clatskanie School District**  
**Direct Deposit Agreement Form (Employee)**

Employee ID # \_\_\_\_\_

**Form 41**

First Name:	Last Name:

Type of Action     New                                     Add/Change                                     Use my Payroll Information

Direct Deposit for:     Payroll                                     Accounts Payable Payment                                     Both

**Authorization Agreement**

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 instuitution or due to an error on the part of my financial institution in deposing 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:	Amount:
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Type of Account:     Checking                                     Savings

**Secondary Account Information**

Name of Financial Institution:	Amount:
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Type of Account:     Checking                                     Savings

**Signature**

Authorized Signature (Primary):	Date
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Authorized Signature (Joint:)	Date
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**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:
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Accounts Payable- Entered By:	Date:
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