

Rainier School District #13
Direct Deposit Agreement Form (Employee)

FIRST NAME:	LAST NAME:
TYPE OF ACTION: <input type="checkbox"/> NEW <input type="checkbox"/> ADD/CHANGE <input type="checkbox"/> CANCEL <input type="checkbox"/> USE MY PAYROLL INFORMATION	
DIRECT DEPOSIT FOR: <input type="checkbox"/> PAYROLL <input type="checkbox"/> ACCOUNTS PAYABLE PAYMENT <input type="checkbox"/> BOTH	
AUTHORIZATION AGREEMENT	

I hereby authorize Rainier School District to initiate automatic deposits to my account at the financial institution named below. I understand that I will receive physical checks until the Rainier School District receives confirmation of my account information from my financial institution. I also authorize Rainier School District to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Rainier 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 depositing funds to my account. This agreement will remain in effect until Rainier 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 Services Department.

PRIMARY ACCOUNT INFORMATION	
NAME OF FINANCIAL INSTITUTION:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
SECONDARY ACCOUNT INFORMATION	
NAME OF FINANCIAL INSTITUTION:	
TYPE OF ACCOUNT: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
SECONDARY ACCOUNT INFORMATION	
AUTHORIZED SIGNATURE (Primary):	DATE:
AUTHORIZED SIGNATURE (Joint):	DATE:

PLEASE TAPE VOIDED CHECK HERE

***PHYSICAL VOIDED CHECK OR BANK DOCUMENT MUST BE TURNED IN WITH THE FORM
OR THE ACCOUNT WILL NOT BE SET UP. DEPOSIT SLIPS ARE NOT ADEQUATE.***