



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

<b>First Name:</b>	<b>Last Name:</b>

<b>Type of Action</b> <input type="checkbox"/> New <input type="checkbox"/> Add/Change <input type="checkbox"/> Use my Payroll Information
<b>Direct Deposit for:</b> <input type="checkbox"/> Payroll <input type="checkbox"/> Accounts Payable Payment <input type="checkbox"/> Both

**Authorization Agreement**

I hereby authorize **Vernonia School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Vernonia 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 **Vernonia 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 fund to my account.

This agreement will remain in effect until **Vernonia 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**

<b>Name of Financial Institution:</b>	<b>Amount:</b>
<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

**Secondary Account Information**

<b>Name of Financial Institution:</b>	<b>Amount:</b>
<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

**Signature**

<b>Authorized Signature (Primary):</b>	<b>Date</b>
<b>Authorized Signature (Joint:)</b>	<b>Date</b>

**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**

<b>Payroll - Entered By:</b>	<b>Date:</b>
<b>Accounts Payable- Entered By:</b>	<b>Date:</b>