



**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 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 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:
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Secondary Account Information

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

Signature

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