PO Box 678
Clatskanie, OR 97016
Phone: 503-728-0587
Fax: 503-728-0608

Direct Deposit

First Name: _____ Middle Name: _____ Last Name: _____

Type of Action:	☐ New Hire	☐ Add/Change 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 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		
Checking Account ☐	Savings Account ☐	Percent of Pay Deposited
Name of Financial Institution		
Routing Number	Bank Account Number	

Secondary Account Information		
Checking Account ☐	Savings Account ☐	Percent of Pay Deposited
Name of Financial Institution		
Routing Number	Bank Account Number	

I have included the following documentation:

Direct Deposit form from your financial institution ☐ VOIDED Check ☐

Signature: _____ Date: _____