Northshore School District AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I authorize the Northshore School District to make payroll deposits to my bank account(s) indicated below along with my reimbursement pay. This authorization is to remain in full force until the District is notified in writing. Notification to start or cancel direct deposit must be received by the 15th of each month. This authorization form supersedes any previous form.

Employee Name (print)	
Employee I.D. or S.S. #	

PRIMARY ACCOUNT – FOR NET PAY AND EXPENSE REIMBURSEMENTS

Bank Name:				
Routing Number:				
Account Number:				
No Change	Checking	Savings		
OPTIONAL SPLIT PAYROLL DE	POSIT(S)			
2 nd Bank Name:				
Routing Number:				
Account Number:				
SET DOLLAR AMOUNT \$	Che	ckingSavings		
No Change	ar amount only from \$	to \$		
3rd Bank Name:				
Routing Number:				
Account Number:				
SET DOLLAR AMOUNT \$				
No Change Change dolla	ar amount only from \$	to \$		

Signature_

__Date____

DIRECT DEPOSIT FORMS MUST BE SUBMITTED TO PAYROLL IN PERSON ONLY. PICTURE ID REQUIRED. WE ARE NO LONGER ACCEPTING FORMS VIA EMAIL, DISTRICT MAIL, OR US MAIL.

PLEASE ATTACH ONE OF THE FOLLOWING:

A voided check for your checking account (no deposit slips will be accepted).

A savings deposit slip for your savings account (please double check with your bank that the correct routing number and account number are on the deposit slip. Some banks are different and this will cause a delay in your file being complete).

If you do not have checks, please ask your bank for a letter or form that verifies your name, your routing and account numbers, and whether you want your deposit to go into checking or savings.

If you have questions, please contact Terri Skeel at (425) 408-7661