

PORT TOWNSEND SCHOOL DISTRICT NO. 50

**AUTHORIZATION AGREEMENT
FOR ELECTRONIC DIRECT DEPOSIT**

Employee Name (Print) _____

Social Security Number _____

I hereby authorize the Port Townsend School District to initiate electronic credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect credit entries to my:

Checking (Account information listed below AND voided check attached)

Savings (Account information listed below AND deposit slip attached)

Bank: _____ Branch: _____ Account Number: _____

This authority is to remain in full force and effect until Port Townsend School District has received written notification from me of its termination in such time and in such manner as to afford Port Townsend School District a reasonable opportunity to act on it. New Electronic Direct Deposit forms and any changes to depository information must be received in the District Payroll Office by the 15th of the month in order to be processed for that month. Forms received after the 15th may be processed if time permits.

Employee Signature: _____ Date: _____

IMPORTANT NOTE: The first month of a new electronic deposit or with any change in bank or bank accounts, a test run (pre-note) with zero dollars will be run to verify the account and routing numbers. Provided that there are no rejections during the pre-note process, your money will be deposited electronically the same month as long as you submit this form by the 15th of the month. Funds electronically deposited will be available at the opening of the banking day on payday. Payday is generally the last banking day of the month.

**ATTACH VOIDED CHECK HERE
(DEPOSIT SLIP FOR SAVINGS)
TO VERIFY ACCOUNT**

***NOTIFY PAYROLL IMMEDIATELY OF ANY CHANGES TO YOUR ACCOUNT THAT WOULD AFFECT THIS PROCESS.
A CHANGE COULD RESULT IN A DELAY IN RECEIVING YOUR PAY.***

Please STOP my Electronic Direct Deposit

Employee Signature: _____ Date: _____