

Clarkston School District J250-185

Authorization Agreement For Direct Deposit

Employee Name _____

I hereby authorize Clarkston School District J250-185 to initiate credit entries and, if necessary, reversals or adjustments to correct any entries made to my account (marked below) in the said depository named below:

Select One: _____ 1. CHECKING ACCOUNT (Attach a blank or voided check)

OR _____ 2. SAVINGS ACCOUNT (Attach a deposit slip)

Depository (Commercial Bank, Savings Bank, Credit Union, etc.)

BANK NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

This agreement is to remain in effect until Clarkston School District J250-185 has received written notification from me of its termination in such time to afford Clarkston School District and the depository a reasonable opportunity to act on it.

Employee's Signature _____ **Date** _____

Note: If you close your bank account, please contact the payroll department immediately at 509-769-5540. Forgetting to do so may result in a delayed payday for you if the bank rejects the electronic wire transfer (EFT) to the closed account.