

PORT ANGELES SCHOOL DISTRICT
216 E Fourth Street
Port Angeles, WA 98362

Authorization Agreement For Direct Deposits (ACH Credits)

Name _____
(Please print)

Pre-Note Date _____
(Payroll office use only)

I hereby authorize Port Angeles School District to automatically deposit my funds into my checking or savings account identified below and the FINANCIAL INSTITUTION named below to accept such deposits initiated by the Port Angeles School District. In the event of an incorrect amount or entry, I authorize the Port Angeles School District to reverse this transaction.

FINANCIAL INSTITUTION _____
(Your bank or savings and loan)

Please select **one** of the following:

_____ Checking Account Account Number _____

_____ Savings Account Account Number _____

This authorization is to remain in full force and effect until Port Angeles School District has received written notification from me of its termination in such time and in such manner as to afford the Port Angeles School District and the FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Date _____ **Signature (X)** _____

NOTE: This is a **two-month** process. The first month, you will receive a paper check while the routing and account numbers are verified for accuracy. When the numbers pass the verification process, the money will be deposited to your bank account the following month.

Please attach voided check here.