

DIRECT DEPOSIT

Attached, please find the direct deposit form for you to complete:

- Any bank can be used for direct deposit
- Your funds will be deposited on payday

You will receive an email once your Direct Deposit is changed in the Payroll System

Please attach the following documentation for verification purposes:

- **A Voided check (Voided Deposit slip will not be accepted), or**
- **A Print out from your Bank with:**
 - Your Name
 - Bank Name
 - Routing number
 - Account number
 - Verification if it is a Checking or Savings account

If you submit this form to the Payroll office before the 13th of the month:

- Your next paycheck will be deposited into this bank account

If you submit this form to the Payroll office after the 13th of the month:

- The first month will be a trial run, so your bank can verify your information and inform us of any errors. You will receive a paper paycheck that you will need to pick up and sign for from the District Office on payday
- The following month, your paycheck will be deposited into this account

If you change banks or close the account, you will need to notify the Payroll Office immediately. If you do not, your money will be in limbo until the bank rejects the funds back to us (which can take days)

Call the Payroll Office if you have any questions at 360-954-3007

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

NAME _____
(PLEASE PRINT)

I hereby authorize **Washougal School District #112-6**, hereinafter called COMPANY, to initiate credit entries to my account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY/BANK _____

TRANSIT ROUTING/
ABA NUMBER _____ **ACCOUNT** _____

TYPE OF ACCOUNT

Checking

Saving

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ **SIGNED** _____

Your paystub information can be viewed and printed from the Washougal School District QMLATIV Login Bookmarks link found on the District Website under Staff.

Please attach a VOIDED CHECK