

TAHOMA SCHOOL DISTRICT NO. 409
FED. I.D. #91-6001641

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

☐ Certificated
☐ Classified
☐ Sub
☐ Non-EE / Coach

How Direct Deposit works:

On payday, log into your employee access to receive your earnings statement showing gross salary, taxes, other deductions, and net pay. Your money will already have been deposited into your account(s) and the amount of the deposit will appear on your bank statement.

Please Note: Direct Deposit forms need to be received in Payroll by the 7th of the month in order to be processed with the current month's payroll. If received after the 7th, the direct deposit will begin the following month.

If you close your account, change banks, or change your existing account number; you must inform the Payroll Department immediately. Failure to do so will mean that your money will not be deposited and you will have to wait for a manual warrant which could take up to ten working days after the pay date to process.

Complete the information below:

▪ **Checking Accounts:** Please attach a **VOIDED CHECK or PRINT OUT FROM YOUR BANK** for **EACH ACCOUNT**

▪ **Savings Accounts:** Please attach **PRINT OUT FROM YOUR BANK** for **EACH ACCOUNT.**

****Please note for both Savings and Checking, no deposit slips will be accepted. Your legal name MUST be printed on the check or print out from the bank. ****

PRIMARY ACCOUNT

Bank Name	Account Type	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		NET Pay (Amount AFTER all other deductions and secondary ACH transactions)

SECONDARY ACCOUNT(s)

Bank Name	Account Type	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

I hereby authorize Tahoma School District #409, hereinafter called EMPLOYER, to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.

This authority will remain in full force and effect until Tahoma School District has received written notification from me of its termination in such time and in such manner as to afford EMPLOYER and DEPOSITORY a reasonable opportunity to act on same.

NAME: _____ SCHOOL LOCATION: _____

SIGNATURE: _____ TODAY'S DATE: _____