



STANWOOD-CAMANO  
SCHOOL DISTRICT

## Stanwood-Camano School District No. 401 Automated Payroll Deposit Authorization Agreement

*Receipt of this form by the payroll office on or before the 9<sup>th</sup> of the month will result in direct deposit of your pay warrant to the account(s) indicated below in the current month. You may choose to have multiple direct deposit accounts.*

(please print)

**EMPLOYEE NAME** \_\_\_\_\_

**A VOIDED CHECK for EACH CHECKING ACCOUNT and a DEPOSIT SLIP for EACH SAVINGS ACCOUNT or a LETTER FROM YOUR BANK that includes both the routing number and account number for your account is required. Your direct deposit will not be processed without this information.**

**NET PAY DEPOSIT**      New   Change   Cancel   No Change

Bank Name _____		
Account # _____	Routing# _____	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Amount \$ <u>Net Pay</u>

**2<sup>nd</sup> BANK DEPOSIT**      New   Change   Cancel   No Change

Bank Name _____		
Account # _____	Routing# _____	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Amount \$ _____

**3<sup>rd</sup> BANK DEPOSIT**      New   Change   Cancel   No Change

Bank Name _____		
Account # _____	Routing# _____	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	Amount \$ _____

I hereby authorize Stanwood-Camano School District and each of the financial institutions listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error. This authority is to remain in full force and effect until the Stanwood-Camano School District has received a written notification of cancellation. By signing below, I agree to hold Stanwood-Camano School District harmless for all liabilities resulting from implementation of this procedure, and thus release them from all responsibility for problems arising there from.

\_\_\_\_\_  
**EMPLOYEE SIGNATURE**

\_\_\_\_\_  
**DATE**