

# ENTIAT SCHOOL DISTRICT NO. 127

2650 Entiat Way - Entiat, Washington 98822 – Telephone (509) 784-1800 – Fax (509) 784-2986 www.entiatchools.org

*Gateway to Excellence*

## DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: \_\_\_\_\_

I hereby authorize the Entiat School District to initiate credit entries and, if necessary, reversals or adjustments to correct entries made to my account in the said depository named below.

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

\*Financial Institution Routing Number: \_\_\_\_\_

**Please attach a voided check (not deposit slip).** In some cases, with different types of accounts you may not be able to provide a voided check. In this case, we will require documentation from your financial institution showing your account number and their routing number.

This authority is to remain in effect until written notification is received regarding termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date