ESTACADA SCHOOL DISTRICT

DIRECT DEPOSIT AUTHORIZATION

NAME_____

EMPLOYEE NUMBER_____

NAME OF BANK_____

I hereby request and authorize the Estacada School District to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my:

Checking_____Account Number_____
Routing Number
Savings_____Account Number_____
Routing Number

_____ _____
Signature Date

ATTACH VOIDED CHECK HERE:

If check is not attached this will not be processed.

ALLOW AT LEAST ONE PAY PERIOD BEFORE THIS WILL TAKE EFFECT.