



Sequim School District No. 323

"Engage Empower Thrive"

503 North Sequim Avenue, Sequim, WA 98382

Telephone: (360) 582-3260, FAX: (360) 683-6303, www.sequimschools.org

Direct Deposit Authorization Form

Please complete ALL the information below.

Printed Name: _____

I hereby authorize Sequim School District to automatically deposit my funds into my checking or savings account identified below and the Financial Institution named below to accept such deposits initiated by the Sequim School District. In the event of an incorrect amount or entry, I authorize the Sequim School District to reverse this transaction.

Please attach voided check here

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: Add'l Deposit \$ _____ or Entire Net Paycheck

Type of Account: Checking Savings (Circle One)

This authorization will remain in effect until I modify or cancel it in writing and in such manner as to afford the Sequim School District and the Financial Institution a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Payroll Office use only:

Received: _____ Prenote Date: _____