

**Tumwater School District  
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize the Tumwater School District No. 33 to make payroll deposits to my bank account(s) indicated below and if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is to remain in full force until the District is notified in writing. Notification to start or cancel direct deposit must be received by the 10<sup>th</sup> of the month. This authorization form supersedes any previous forms.

**Employee Name (print)** \_\_\_\_\_

**Primary Account – For Net Pay**

Bank Name: \_\_\_\_\_  Checking  Savings  
Routing Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**Optional Split Payroll Deposit(s)**

2<sup>nd</sup> Bank Name: \_\_\_\_\_  Checking  Savings  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

SET DOLLAR AMOUNT \$ \_\_\_\_\_

Change dollar amount only from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

3<sup>rd</sup> Bank Name: \_\_\_\_\_  Checking  Savings  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

SET DOLLAR AMOUNT \$ \_\_\_\_\_

Change dollar amount only from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

**\*\*MUST ATTACH ONE OF THE FOLLOWING FOR EACH ACCOUNT\*\***

A **voided check** for your checking account (no deposit slips will be accepted).

A **savings deposit slip** for your savings account.

If you do not have checks, please ask your bank for a letter or form that verifies your name, your routing and account numbers, and whether you want your deposit to go into checking or savings. If you have questions, please contact the payroll office at (360) 709-7029.

I understand I must submit a new Direct Deposit Authorization to payroll immediately upon any changes to or closures of my designated direct deposit account(s). I understand a change in my account(s) could result in a delay of receiving my pay if the district is not given proper notification.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_