

BELLINGHAM PUBLIC SCHOOLS

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSIT

I, _____ Soc.Sec. # _____

hereby authorize Bellingham School District to deposit my net pay to my

_____Checking _____Savings

account to the depository named below, hereinafter called the depository.

Depository Name _____ Branch _____

Account Number _____

This authority is to remain in full force and effect until Bellingham School District has received written notification from me of its termination in such time and in such manner as to afford Bellingham School District and depository a reasonable opportunity to act on it.

Signed _____ Date _____

Please attach a **voided check** for **checking** account deposit so your account number may be verified. Return this form to the Payroll Office.

ATTACH **VOIDED CHECK** FOR **CHECKING** ACCOUNT DEPOSIT