

ALEUTIANS EAST BOROUGH SCHOOL DISTRICT

PO Box 429, SAND POINT, AK 99661
PHONE 907.383.5222 FAX 907.383.3496

Direct Deposit Agreement Form

AUTHORIZATION AGREEMENT

I hereby authorize Aleutians East Borough School District to initiate automatic deposits to my account at the financial institution named below. I also authorize Aleutians East Borough School District to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Aleutians East Borough School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Aleutians East Borough School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form.

Account Information

Financial Institution Name _____

Financial Institution Address _____

Account Number _____

Name(s) shown on the account _____

SIGNATURE

Authorized Signature (Primary) _____ Date _____

Authorized Signature (Joint) _____ Date _____
(If applicable)

ATTACH A VOIDED CHECK FOR THE ACCOUNT HERE