



## AUTHORIZATION AGREEMENT FOR ELECTRONIC PAYROLL DEPOSIT

**\* \* \* \* \* ATTENTION - PLEASE READ \* \* \* \* \***

**You will need a \*\* PRINTED DOCUMENT FROM YOUR BANK \*\* to attach to this form.**

For your security, MBSD will need a printed ACH Document (direct deposit document) from your financial institution for the account(s) you want to use for direct deposit of your paychecks.

**Voided checks are NOT accepted.**

The document **MUST** have the following information:

- Financial Institution's name
- Account holder's name
- Account type
- Routing number
- Account number

Employee Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Direct Deposit of net pay is mandatory and a condition of employment. I hereby authorize the Mount Baker School District to initiate electronic credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect entries to my account(s) as directed below:

### PRIMARY EFT

Action	Bank Name	Account Type	Routing Number	Account Number	Dollar Amount
New Hire		Checking			NET (amount after all other deductions and secondary ACH transactions)
Change		Savings			

### SECONDARY EFT

Action	Bank Name	Account Type	Routing Number	Account Number	Dollar Amount
New Hire		Checking			\$
Change		Savings			
New Hire		Checking			\$
Change		Savings			

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. This authorization is to remain in full force and effect until the Mount Baker School District has received written notification from me of its termination. Changes made to your EFT must be submitted to the Payroll Department by the 5<sup>th</sup> of the month, in person.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For District use only**

Prenote Date: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

Payroll Initials: \_\_\_\_\_