

Authorization Agreement for Direct Deposits

Name _____

I hereby authorize Washougal School District #112-6 hereinafter called COMPANY to initiate credit entries to my account (select one) indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

DEPOSITORY/BANK _____

TRANSIT ROUTING/ACH NUMBER _____

ACCOUNT NO. _____

TYPE OF ACCOUNT (select one)

Checking

Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me of this termination in such time and in such matter as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE _____

SIGNED _____

Please attach a VOIDED CHECK here

If you do not have a VOID CHECK you may provide an informational statement from your banking institution listing your account number and their ACH routing number in addition to this completed Authorization.

Please provide the email for the payment notifications: _____

Thank you
Kim Goodrich
Accounting Manager
Washougal School District
(360) 954-3006
Kimberly.goodrich@washougalsd.org