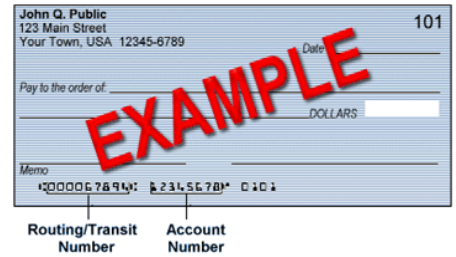


DIRECT DEPOSIT FORM

Direct deposit is required for all employees of the Shoreline School District. You are also able to set up additional banks for direct deposit of a specific dollar amount. Be advised that the amounts will show on your pay stub as 2nd ACH or 3rd ACH. **Please attach a voided check or documentation from your banking institution that includes your routing transit number and bank account number.** It will be your responsibility to keep the payroll department informed of any changes to these accounts. The Payroll Department has the right to suspend the deduction due to limited funds. By signing below you authorize the Shoreline School District #412 to directly deposit your net check and/or specific dollar amount to the bank(s) listed below. **AP Reimbursements will also be deposited into your primary account.**



XXX-XX-_____
Last 4 Digits of Social Security Number

Print Legal Name as Shown on SS Card

The purpose of this form is: _____ Direct Deposit of Net Check
(check one or more) _____ 2nd Bank Account Direct Deposit (Specific Amount)
_____ 3rd Bank Account Direct Deposit (Specific Amount)

DIRECT DEPOSIT OF YOUR NET CHECK:

Deposit Net Amount to: _____ Checking _____ Savings

Banking Institution

Routing Transit Number

Bank Account Number

SECOND BANK (ACH #2)

Deposit Specific Amount to: _____ Checking _____ Savings

Amount \$ _____

Banking Institution

Routing Transit Number

Bank Account Number

(Note: This amount will appear in Deductions on your pay statement as "2nd ACH")

THIRD BANK (ACH #3)

Deposit Specific Amount to: _____ Checking _____ Savings

Amount \$ _____

Banking Institution

Routing Transit Number

Bank Account Number

(Note: This amount will appear in Deductions on your pay statement as "3rd ACH")

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize the Shoreline School District #412 and the Bank(s) indicated above to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any erroneous entries to my account(s) indicated above. The authorization will remain in effect until the district has received written notifications of cancellation. **Notifications of any type of change must be in writing and received in the Payroll Office prior to the 8th of the month. I understand that I will receive a regular warrant until the account can be set up and verified.**

Signature

Date