

LYNDEN SCHOOL DISTRICT NO. 504
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name (Print) _____ Last 4 #s of Soc Sec _____
Last First

Direct deposit of net pay is mandatory and a condition of employment. I hereby authorize the Lynden School District to initiate electronic credit entries and to initiate, if necessary, debit entries and adjustments for any incorrect credit entries to the following accounts:

PRIMARY ACH Transaction

Bank Name	Account Type	Routing Number	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			NET (amount after all other deductions and secondary ACH transactions)

SECONDARY ACH Transaction

Bank Name	Account Type	Routing Number	Account Number	Dollar Amount
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			

Please attach a voided check for checking, or a deposit slip for savings. You may also obtain a document from your bank with pre-printed information.



This authority is to remain in full force and effect until Lynden School District has received an updated agreement in such timing as to afford Lynden School District time to initiate it. Electronic Direct Deposit forms must be received by the Payroll Coordinator by the 9th of the month in order to be processed for that month. Forms received after the 9th will be in affect the following month.

I understand I must inform the Payroll Coordinator immediately if my designated direct deposit account is changed or closed prior to the change.

Employee Signature: _____ Date: _____

*Note: Notify payroll immediately of any changes to your account.
 Changes to your account could result in a delay receiving your pay.*