

# DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE TYPE OR PRINT CLEARLY

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER

BANK NAME	BRANCH

ACCOUNT NUMBER	ACCOUNT TYPE
	Check one (1) of the following: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Attach a voided check for checking  
 OR  
 a pre-printed savings deposit slip for savings.

EMPLOYEE SIGNATURE	DATE

I hereby authorize and request Highline Public Schools to make payroll deposits to the financial institution indicated on this authorization form.

I understand that if my completed form is received in Payroll by the 10th of the month cut-off, my direct deposit will begin at the end of the month. If it is received after the 10th cut-off, it will begin with the following month's payroll.

I understand that I must immediately notify the district's Human Resources/Payroll Office upon closing my account and that I must also complete a new Direct Deposit Authorization Form upon changing banks and/or accounts.

I understand Highline Public Schools will assume no responsibility in the event electronic transfer of funds is not accepted by my financial institution and that no payment will be received by me until funds are returned to the district's Human Resources/Payroll Office.

Highline Public Schools may terminate this direct deposit authorization if one or more of the following events occur:

- Resignation of employment
- Retirement

FOR PAYROLL USE ONLY
Employee ID Number:
Bank Routing Number:
Date Processed: