

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize Kittitas School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, to my checking or savings account. I authorize the Depository Name below to credit and/or debit the same to such account.

Please check one: Checking Savings

Depository Name: _____ Branch: _____
(Bank or Credit Union)

City: _____ State: _____ Zip: _____

Transit/ABA Number (Routing Number): _____

Account Number: _____

This authority is to remain in full force and effect until the School District has received written notification from me of its termination in such time and in such manner as to afford the School District and Depository (Bank or Credit Union) a reasonable opportunity to act on it.

Name: _____ Date: _____
(Please print)

Signature: _____

PLEASE ATTACH A VOIDED CHECK for account number verification.