



Snake River School District #52

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize Snake River School District to initiate automatic deposits to my account at the financial institution named below. I also authorize Snake River School District to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Snake River School District responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Snake River School District receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Amount: Full Check Amount OR \$ _____

Signature

Authorized Signature : _____ Date: _____

**Please attach a voided check and return this form to the Payroll Department.
(optional – you assume responsibility for correct routing and account numbers)**

Forward to Samantha Pugmire pugmsama@snakeriver.org