

**DIRECT DEPOSIT ENROLLMENT REQUEST FORM**

Authorization agreement for automatic deposit (ACH credits)

Name	Date

Bank Name:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	
ABA Routing Number:	
Deposit Amount	\$_____ (Flat Amount) OR <input type="checkbox"/> Entire Amount

Bank Name:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	
ABA Routing Number:	
Deposit Amount	\$_____ (Flat Amount) OR <input type="checkbox"/> Remaining

Bank Name:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number:	
ABA Routing Number:	
Deposit Amount	\$_____ (Flat Amount) OR <input type="checkbox"/> Remaining

I hereby authorize Colville School District #115 to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until Colville School District has received written notification from me of its termination in such time and in such manner as to afford Colville School District and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan. In the event of an incorrect amount of entry, I authorize Colville School District to reverse this transaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Payroll Use		
Date Received	Payroll Processed in	Initials