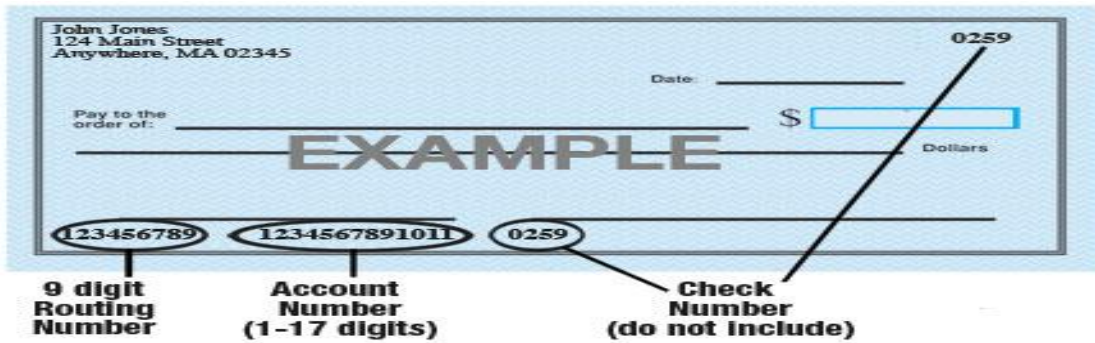


Lopez Island School District #144 Direct Deposit Authorization Form

Please print clearly or type, complete ALL the information below.

Employee's Full Name: _____

Last 4 digits of SS#: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount (Choose one): \$ _____ Entire Paycheck

Type of Account (Choose one): Checking Savings

**Include a voided check for each account if available.*

Effective Date of Authorization: _____

By signing below, I authorize Lopez Island School District to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature

(Date Signed)

Office Use Only:

Date received by Payroll: _____

Prenote date: _____