

MERIDIAN SCHOOL DISTRICT
Authorization Agreement for Electronic Deposit

I hereby authorize Meridian School District to direct deposit my payroll warrant to my checking or savings account as indicated below:

Select only one: _____ Checking _____ Savings

Bank Name _____ Branch _____

Location _____

Account Number _____

This authority is to remain in full force and effect until Meridian School District has received written notification from me of its termination in such time and in such manner as to afford Meridian School District and depository a reasonable opportunity to act on it.

Name _____

Signed _____ Date _____

Please attach a voided check so that your account number may be verified. Any changes to your depository information must be received at the District Office by the first of the month for changes to that month's payroll. Please notify us immediately of any changes to accounts that would affect this process.

PLEASE ATTACH A VOIDED CHECK

Meridian School District is requesting direct deposit at this time.
If you have a question please contact Tracy Newby @ (360) 318-2162

Thank you,

Tracy Newby
Payroll