

**KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

Name (Last, First, MI): _____

Social Security Number: _____

E-Mail Address: _____

Choose One: Start Stop Change

PRIMARY ACCOUNT INFORMATION <i>Check One:</i> <i>Checking</i> ____ <i>Savings</i> ____
FINANCIAL INSTITUTION: _____
PRIMARY ACCOUNT NUMBER: _____
ROUTING NUMBER: _____ % Deposited: _____

SECONDARY ACCOUNT INFORMATION <i>Circle One:</i> <i>Checking</i> <i>Savings</i>
FINANCIAL INSTITUTION: _____
SECONDARY ACCOUNT NUMBER: _____
ROUTING NUMBER: _____ % Deposited: _____

I hereby authorize Ketchikan Gateway Borough School District to initiate deposit (credit) entries and to initiate, if necessary, debit and adjustments for any credit entries in error in any and all active accounts. The authorization will remain in effect until I request a change or cancellation in writing 20 days in advance. I understand that I am responsible for the accuracy of routing and account information provided. Deposits must equal 100% as a single deposit or a combination.

Employee Signature: _____ Date: _____

Please attach a voided check with information describing your bank, transit/ABA number and account number. In the case of a savings account deposit, attach a deposit slip describing your bank, transit/ABA number and account number.