DIRECT DEPOSIT AUTHORIZATION

All new employees hired by Walla Walla School District will be required to participate in direct deposit of all payments processed by the Business Office; i.e., payroll and accounts payable.

If Direct Deposit information is received by the 10th of the month, the direct deposit will take place for that payroll month. If it is received after the 10th of the month, it will be processed the following month.

Please notify us immediately if you have changed bank accounts or have had to close an account due to fraud. There are steps we can take to make sure you receive your pay as scheduled.

<u>COMPENSATION FOR SUBSTITUTES/GAME WORKERS – Important Information</u>
Payday is the last day of each month (except Saturday and Sunday) for the **<u>previous month's time worked</u>**, even though the pay stub indicates it is for the current month (i.e., pay received the last working day of October would be for hours worked in the month of September). Please read the Classified Substitute Handbook for additional information.

WALLA WALLA SCHOOL DISTRICT
AUTHORIZATION AGREEMENT FOR
AUTOMATIC PAYROLL/ACCOUNTS PAYABLE DEPOSIT

EMPLOYEE NAME: _____

(PLEASE PRINT)

I hereby authorize the Walla Walla School District, hereinafter called the District, to initiate credit entries to my bank account(s), and the depository (bank) indicated below to credit the same such account.

NET PAYROLL/ACCOUNTS PAYABLE DIRECT DEPOSIT:

BANK NAME: _____

◯ CHECKING   ◯ SAVINGS

ADDITIONAL DIRECT DEPOSIT:

BANK NAME: _____

◯ CHECKING   ◯ SAVINGS   AMOUNT $_____

ADDITIONAL DIRECT DEPOSIT:

BANK NAME: _____

◯ CHECKING   ◯ SAVINGS   AMOUNT $_____

This authority is to remain in full force and effect until the District has received written notification from me of its termination in such a time and manner as to afford the District a reasonable opportunity to act. If overpayment is, for any reason, credited to my account, I understand that arrangements must be made with the District to return such payments. I agree to indemnify the Walla Walla School District for any loss, liability, or expense incurred in connection with this agreement.

_____   _____
Employee Signature   Date

> **IMPORTANT:** **To verify your account, please attach either a _voided check_ or a _direct deposit authorization_ from your financial institution.**