Royal School District No. 160
"Everyone Achieves • Everyone Accountable"
"Todos Logran • Todos Responsables"
901 Ahlers Road • PO Box 486 • Royal City, WA • 99357
Phone: 509-346-2222 • Fax: 509-346-8746
www.royal.wednet.edu

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Royal School District** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Royal School District** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Royal School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Royal School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Name on Account (Print) _____

Routing Number: _____

Account Number: _____ Checking ☐ Savings ☐

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

For a checking account, please attach a voided check. For a savings account, please attach a voided deposit slip.