Direct Deposit

Authorization Agreement

I hereby authorize Everett Public Schools to deposit my net pay each month to my account in the financial institution indicated below:

NAME OF FINANCIAL INSTITUTION: _____

ACCOUNT NUMBER: _____

☐ CHECKING ☐ SAVINGS

I hereby agree to hold the Everett Public Schools and its agents or employees harmless from any liability for failure to properly or timely make the deductions or payments authorized by this document.

This authorization shall continue in effect until revoked by me.

NAME: _____

EMPLOYEE ID NUMBER _____

SIGNATURE _____

DATE: _____

*Please attach a **VOID** check so we may verify your account number and the bank routing number.*

ATTACH VOID CHECK HERE

Entered in Payroll by _____
Date _____