



# 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 \_\_\_\_\_