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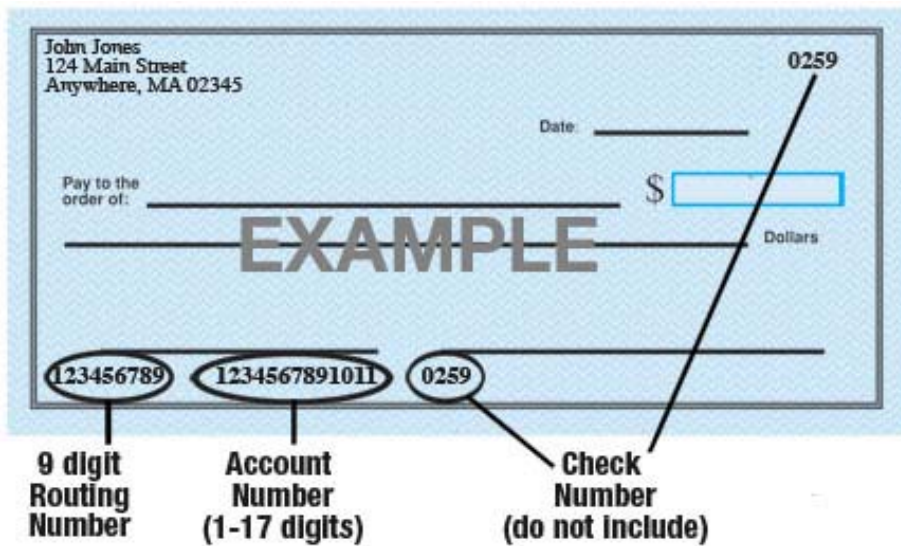
## Direct Deposit Authorization Form

Please print and complete ALL information below.

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



Name of Bank: \_\_\_\_\_

Account #: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Type of Account:     Checking     Savings

Rainier School District No. 307 is hereby authorized to directly deposit my pay to the account listed above. I understand that thirty (30) days notice, in writing, to the Rainier School District is required if I change banks and/or accounts. This authorization will remain in effect until I modify or cancel it in writing.

Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_