

# Castle Rock School District AUTHORIZATION FOR DIRECT DEPOSIT

**Important:** Before completing this form, please read the instructions on the back.

**Section A:** To be completed by employee

New Request <input type="checkbox"/>	Change Existing <input type="checkbox"/>	Cancel Direct Deposit <input type="checkbox"/>
--------------------------------------	--	--

Employee Name	Social Security No
Address	Daytime Phone

I, \_\_\_\_\_, hereby authorize Castle Rock School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

**SELECT ONE:**

Checking Account           Savings Account

indicated below and the Bank named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Castle Rock School District has received written notification from me of its termination in such time and in such manner as to afford Castle Rock School District and Bank a reasonable opportunity to act on it.

In consideration of Castle Rock School District's agreement to make automatic deposit of the above named employee's payroll check, I (we) hereby agree to release Castle Rock School District, its officers, employees and agents from any and all claims, costs, liabilities, expenses or judgments, including attorney fees and court costs (herein collectively "CLAIMS"), which I (we) may have arising in any way out of such direct deposit undertaking including but not limited to claims resulting from the failure of the direct deposit to be made on a timely basis no matter what the cause.

Employee Signature	Date
Spouse Signature (on joint account, both parties must sign)	Date

**Section B:** To be completed by financial institution

Name of Financial Institution		Transit/Routing Number	
Phone Number	Acct Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	
Mailing Address		City	State          Zip
Signature of Authorized Financial Institution Officer		Title	Date

**VOIDED CHECK MUST BE ATTACHED**  
**FORWARD COMPLETED FORM TO THE PAYROLL OFFICE**

It will take one full pay cycle for the direct deposit information to be confirmed. During this time, you will receive an actual check.

**FOR BUSINESS OFFICE USE ONLY**

Transaction Code: \_\_\_\_\_

Date: \_\_\_\_\_

**Important Notice:**

Direct deposit allows Castle Rock School District to forward your monthly compensation to the financial institution you authorize. The financial institution may be any bank, savings & loan or credit union.

**Instructions:****Section A:**

1. Complete all personal information in the top section of the form.
2. Print your name where indicated, sign & date the statement.

**Section B:**

1. After completing Section A take or send the form to your financial institution. After the financial institution completes Section B, forward the form to:

Castle Rock School District  
Attn: Payroll  
600 Huntington Ave. So.  
Castle Rock, WA 98611

You may want to retain a copy for your personal records.

**Cancellation Instructions:**

This authorization will remain in effect until cancelled by notice to Castle Rock School District. Please notify the payroll office immediately with any new instructions.