

# SAVE TIME & MONEY WITH DIRECT DEPOSIT!

## DIRECT DEPOSIT Receiver Authorization Form

I hereby authorize Yamhill Carlton School District (“the Company”) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account(s) listed below. I further authorize the financial institution(s) named below to credit and/or debit such account(s).

I understand that this authorization remains in effect until the Company receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the Company and my financial institution(s) a reasonable time to act on it.

Name of Financial Institution	Checking or Savings	Bank Routing Number	Bank Account Number	% or Amount of Deposit

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Employee/Account Holder Signature

Date

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Joint Account Holder Signature

Date

**For employers to verify bank account and routing numbers, employees should attach a VOIDED CHECK for each employee account to be credited. Employers and employees should retain completed copies of this form for their records.**

**THIS FORM IS FOR EMPLOYER/EMPLOYEE USE ONLY**

**Yamhill Carlton School District**  
 120 N. Larch Place  
 Yamhill, OR 97148  
 Phone: 503-852-6980, Fax: 503-662-4931