

# Medical Lake School District

116 W Third Street, PO Box 128  
Medical Lake, WA 99022



Phone: (509) 565-3100  
FAX (509) 565-3102 www.mlsd.org

New Agreement     Change Account     Second ACH\*     Cancel Agreement

## DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize Medical Lake School District #326 to initiate credit or debit entries to my account with the Financial Institution indicated below. This authority is to remain in full force and effect until Medical Lake School District has received written notification from me of its termination in such time and in such manner as to afford Medical Lake School District and the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for reimbursements from my employer-sponsored reimbursement account plan. In the event of an incorrect amount of entry, I authorize Medical Lake School District to reverse this transaction.

*Select One:*  Checking Account     Savings Account

**\*If this is a SECOND ACH ACCOUNT**, what is the dollar amount to be deposited? \$ \_\_\_\_\_

### Financial Institution Information:

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Transit/ABA No. \_\_\_\_\_ Account No. \_\_\_\_\_

(See example below)

### Employee Information:

Employee Name: \_\_\_\_\_

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

(Coaches/Subs ONLY, all others will access their earning statements in Employee Access using their school email address.)

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

Attach: **Voided check** for checking accounts **OR savings deposit slip** for savings accounts. Form will not be processed without information below.

Jane A. Doe 1000 Main St. Anywhere, USA 10001	Date _____	3680
PAY TO THE ORDER OF _____	\$	<input type="text"/>
MEMO _____	X _____	DOLLARS
⑆ 123456789 ⑆ 11484620040 ⑆ 3680		

Transit/ABA No.

Account No.