

LANE EDUCATION SERVICE DISTRICT DIRECT PAYMENT/DEPOSIT FORM

(Please Print)

Employee Name

Payroll Stub E-mail Address

(Please check one)

Add	<input type="checkbox"/>
Change	<input type="checkbox"/>
Cancel	<input type="checkbox"/>

(Please check one)

Checking	<input type="checkbox"/>
Savings	<input type="checkbox"/>

to your...

Accounts Payable	<input type="checkbox"/>
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and/or...

Payroll	<input type="checkbox"/>
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Note: All net pay and reimbursements will be deposited. No dollar amounts needed.

	2400
	91-548/1221
PAY TO THE ORDER OF _____	\$ <input style="width: 50px;" type="text"/>
	DOLLARS
FOR _____	
⑆ 22105278⑆ 6724301068⑆ 2400⑆	

Routing Number

Account Number

Check Number

Financial Institution

Routing Number

Account Number

I hereby authorize Lane Education Service District to directly deposit into the Financial Institution account number(s) listed above, as well as authorize the institution(s) to post payment(s) to the above account(s). I authorize Lane Education Service District to initiate debit entries to the above designated accounts(s) as may be necessary to correct erroneous credit entries and authorize the listed Financial Institution(s) to subtract entries from the above designated account(s).

This agreement is effective on the payment processing after the signature date below and will remain in force until Lane Education Service District receives notice of change or cancellation from me. Any notice of cancellation must be received by the District in such a manner as to afford the District a reasonable opportunity to act on it.

I understand and approve the authorization(s) or cancellation(s) as indicated above.

Authorized Signature

Date