

Authorization for Direct Deposit

I authorize **THE SAWTOOTH SCHOOL FOR VISUAL ART** to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford **THE SAWTOOTH SCHOOL FOR VISUAL ART** a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: ___

***Balance of pay to:**

_____ Account described below

***Note:** Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Important: A voided check must be attached for each bank account to which funds should be deposited. Failure to do so may result in a delay in processing your payment.

Employee/Contractor signature: _____

Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.