



310 SW 16th St • Chehalis, WA 98532

ACCOUNTS PAYABLE DEPOSIT FORM

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSIT of EMPLOYEE REIMBURSEMENTS

Employee Name: _____ Date: _____
PRINT

I hereby authorize the Chehalis School District to initiate any employee expense reimbursements into my bank account indicated below: THIS IS SEPARATE FROM MY MONTHLY PAYROLL DEPOSIT.

*This form should ONLY be used if employee requests reimbursement to be deposited into a bank account **other than** payroll deposit account.*

I authorize the depository named below to credit the same to such account.

FINANCIAL INSTITUTION: _____
(Bank or Credit Union)

City _____ State _____ Zip _____

Routing Number: _____

Account Number: _____

TYPE OF ACCOUNT: **CHECKING** **SAVINGS**

This authorization will remain in force until the Accounts Payable Clerk has received written notice from me as to its termination or change. Please allow up to 30 days for this change to be effective.

Signature: _____

A voided check or savings deposit slip **MUST** be attached to verify the account number.

If you do not have checks, please ask your bank for a letter or form that verifies your name, your routing and account number, and whether you want your deposit to go into checking or savings.

(PRINT ON TAN)