

Rainier School District Direct Deposit Agreement Form (Employee)

First Name:	Last Name:
Type of Action ☐ New ☐ Add/Chan	ge 🔲 Cancel 🔲 Use my Payroll Information
Direct Deposit for: Payroll	Accounts Payable Payment 🔲 Both
Authorization Agreement	
I hereby authorize Rainier School District to initiate automatic deposits to my account at the financial institution named	
below. I understand that I will receive physical checks until the Rainier School Disrict receives confirmation of my account	
information from my financial institution. I also authorize Rainier School District to make withdrawals from this account in	
the event that a credit entry is made in error.	
Further, I agree not to hold Rainier School District responsible for any delay or loss of funds due to incorrect or incomplete	
information supplied by me or by my financial institution or due to an error on the part of my financial institution in	
depositing funds to my account. This agreement will remain in effect until Rainier School District receives a written notice of	
cancellation from me or my financial institution, or until I submit a new direct deposit form to the Fiscal Services	
Department.	
	Account Information
Name of Financial Institution:	Amount:
Type of Account:	
Secondary Account Information	
Name of Financial Institution:	Amount:
Type of Account:	
	Signature
Authorized Signature (Primary):	Date
Authorized Signature (Joint:)	Date
PLEASE TAPE VOIDED CHECK HERE	
PHYSICAL VOIDED CHECK OR BANK DOCUMENT MUST BE TURNED IN WITH THE	
FORM OR THE ACCOUNT WILL NOT BE SET UP. DEPOSIT SLIPS ARE NOT ADEQUATE.	
We will not deposit funds into any account that the employee is not listed as an owner (ie. name imprinted on voided check)	
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