

DIRECT DEPOSIT AUTHORIZATION FORM
 Klamath Falls City Schools
 1336 Avalon Street
 Klamath Falls, OR 97603

Please Type or Print Clearly – YOU MUST COMPLETE EACH FIELD OR THE FORM WILL BE RETURNED TO YOU

This is an authorization for my direct deposit to: **Start** **Change** **Cancel**

 Last Name First Name MI Social Security Number

 Mailing Address

 City State Zip Phone Number

 Email Address **Change email address only**

Financial Institution Information

 Financial Institution

 Mailing Address of Financial Institution City State Zip Phone Number of Financial Institution

 Routing Number (9 Digits) Account Number (Checking **or** Savings)

I hereby authorize **Klamath Falls City Schools** to deposit all credit balances from my monthly earnings via electronic transfer of funds and to provide my earning receipt for those deposits via electronic mail to the email account specified above. I further authorize my financial institution to credit my checking or savings account.

This authorization will remain in effect until canceled in writing. A new authorization must be completed if I change my account, close my account, change financial institutions, change my email address, or choose to cancel my direct deposit. I understand that I must contact my financial institution to verify receipt of funds.

 Employee Signature Date

**YOU MUST ATTACH A
 VOIDED CHECK
 OR
 SAVINGS DEPOSIT SLIP
 HERE**

Your account information will be verified with this voided check or savings deposit slip