



WASHOE COUNTY SCHOOL DISTRICT

Authorization Agreement for Automatic Deposit

ACCOUNTS PAYABLE DEPARTMENT
P.O. BOX 30425 RENO, NEVADA 89520-3425
775-348-0311 FAX 775-348-0335

- All forms are to be turned in to the Accounts Payable Department. *This form authorizes direct deposit for mileage and per diem reimbursement only.*
- Please note, you may only have your funds deposited into 1 account.
- PLEASE ATTACH A VOIDED CHECK FOR ALL CHECKING ACCOUNTS.

Bank Account (select one): ___ Checking ___ Savings

Name of Bank or Credit Union

Transit Routing Number

Account Number Information

Name: _____ School/Dept: _____

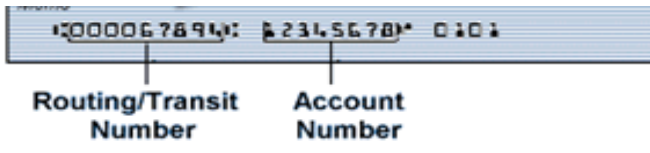
Employee ID #: _____ Last 4 of SSN #: _____

I hereby authorize **Washoe County School District**, hereinafter referred to **WCSD**, to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (accounts) indicated below and the depository institution named below hereinafter called **Depository**, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until WCSD has received written notification from me of its termination in such time and such matter as to afford WCSD and Depository a reasonable opportunity to act on it.

Signature of Employee

Date



ACCOUNTS PAYABLE DEPARTMENT USE ONLY
 Date Request Received: _____
 Processed By: _____