

**WEST BONNER COUNTY SCHOOL DISTRICT #83**  
**134 Main St., Priest River, ID 83856**

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**Direct Deposit Program**

Employee Name: \_\_\_\_\_

I hereby authorize the West Bonner County School District to initiate automatic deposits to my checking account indicated below. I also request the financial institution to credit my account.

FINANCIAL INSTITUTION: \_\_\_\_\_

City \_\_\_\_\_ Branch \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

This authorization is to remain in full effect until you have received written notification from me of its termination in such and in such manner as to afford a reasonable opportunity to act on it.

***A canceled check or photocopy of a check is required for verification of the account numbers.***

Date \_\_\_\_\_ Signature \_\_\_\_\_

