



Coquille

School District #8

Payroll Direct Deposit Authorization Form

Must be received by the 10th of the month
to affect end of month check.

☐ New ☐ Change ☐ Cancel

Employee Name: _____ Date _____

Company Name: Coquille School District # 8
Payroll Contact: 541-396-2181 ext 1203

I hereby authorize Coquille School District 8 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account(s) listed below. I further authorize the financial institution(s) named below to credit and/or debit such accounts.

I understand that this authorization remains in effect until Coquille School District 8 receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford the School District and my financial institutions(s) a reasonable time to act on it.

I also understand that I am responsible for informing the Payroll Department of any changes or closures of accounts and that it takes up to 10 business days to make corrections on a changed or closed account. and understand that if I need a replacement check it may take up to 10 business days to receive that check.

I also agree to receive all pay stubs by email at my district issued email address or an email of my choice listed here:

_____.

Bank / Financial Institution	Bank Routing Number	Account Number	Set Amount	Net Check
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	\$	

Employee / Account Holder Signature

Date

Attach voided check here