AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

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

Primary Account (select one): ☐ **Checking** ☐ **Savings**

% of pay to this account _____% **OR** flat amount to this account $ _____

Name of Bank or Credit Union

Account Number Information ▼

Transit Routing Numbers ▼ (savings accounts only)

⑆											⑆

Secondary Account (select one): ☐ **Checking** ☐ **Savings**

% of pay to this account _____% **OR** flat amount to this account $ _____

Name of Bank or Credit Union

Account Number Information ▼

Transit Routing Numbers ▼ (savings accounts only)

⑆											⑆

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 in such manner as to afford WCSD and Depository a reasonable opportunity to act on it.

Name	Location	Social Security # — —

Address	City	State	Zip

Signature	Date

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS