

# Yupiit School District

P.O. Box 51190

Akiachak, Alaska 99551

Phone: (907) 825-3600 Fax: (907) 825-3655

## Electronic Direct Deposit Authorization

Last

First

Middle Initial

Name:

Social Security Number:

I hereby authorize the Yupiit School District to make net payroll deposits to my account as indicated above:

<b>Financial Institution</b>	<b>Check One</b>  <input type="checkbox"/> Savings <input type="checkbox"/> Checking
<b>Account Number:</b>	<b>Transit Routing Number:</b>

**ATTACH A VOIDED CHECK OR DEPOSIT SLIP HERE**

(Used to verify your transit routing and account number)

I also authorize the Yupiit School District, if necessary, to make adjustments to the above account to correct any entries made in error. I understand that the Yupiit School District will notify me when an adjustment is going to be made. I further understand that direct deposit will begin after the above account information has been electronically verified.

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