

Skykomish Public School School District No. 404

P.O. Box 325 • 105 - 6th Street North
Skykomish, WA 98288

Phone: (360) 677-2623 • FAX (360) 677-2418

AUTHORIZATION FOR DIRECT DEPOSIT OF PAYCHECK

I, _____ authorized Skykomish School District to deposit my paycheck monthly into the following account:

Name of Financial Institution

Account Number

Signature

Date

Please attach a voided check (no deposit slips) to this form and submit to the Business Office by the 5th of the month to ensure same month electronic deposit. Forms submitted after the 5th of the month will cause direct deposit to be delayed one month.