

EMPLOYEE # _____



AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYROLL DEPOSITS

EMPLOYEE NAME: _____
SOCIAL SECURITY #: _____ PHONE # or EXT: _____

IMPORTANT: Attach a VOIDED CHECK, (not a deposit slip), for each of the checking accounts listed below (account holder's name has to appear on check. A printout from the financial institution with account holder's name, account # and financial institution's routing # may be substituted for a voided check). Attach a SAVINGS DEPOSIT SLIP if you elect to have any portion of your pay deposited into a savings account. If your banks savings deposit slips have the notation "Please do not use this routing number for direct deposits", a printout from the financial institution as stated above will suffice.

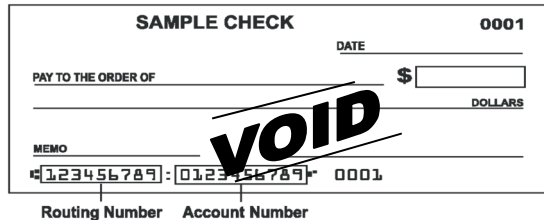
NET PAY	NEW _____	CHANGE _____	DELETE _____
	SAVINGS <input type="radio"/>	CHECKING <input type="radio"/>	
FINANCIAL INSTITUTION _____			
	ACCOUNT # _____		ROUTING# _____

FLAT \$\$ AMOUNT WILL BE DEPOSITED ON EACH BI-WEEKLY AND END OF MONTH CHECK

<u>2nd ACCOUNT</u>	NEW _____	CHANGE _____	DELETE _____
\$ \$ AMOUNT _____	SAVINGS <input type="radio"/>	CHECKING <input type="radio"/>	
FINANCIAL INSTITUTION _____			
	ACCOUNT # _____		ROUTING# _____

<u>3rd ACCOUNT</u>	NEW _____	CHANGE _____	DELETE _____
\$ \$ AMOUNT _____	SAVINGS <input type="radio"/>	CHECKING <input type="radio"/>	
FINANCIAL INSTITUTION _____			
	ACCOUNT # _____		ROUTING# _____

Please call or email Michelle Miller (michelle@biparks.org) or Amy Swenson (amy@biparks.org) 206-842-2306 with any questions



I hereby authorize Bainbridge Island Metropolitan Park & Recreation District to make payroll deposits to my bank account(s) and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above and the depository named above, to credit and debit the same entries to such account.

SIGNATURE: _____ DATE: _____

RETURN COMPLETED FORM TO BIMPRD PAYROLL DEPARTMENT