



# BAINBRIDGE ISLAND

SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY

## DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

Employee Name: \_\_\_\_\_

Primary Account for Net Pay Deposit:

|  |
|--|
| Bank Name:   |
| Account Type (check one):            Checking                            Savings |
| Routing/Transit Number:  |
| Full Account Number:   |

Secondary Account (optional):

|   |
|---|
| Bank Name:  |
| Account Type (check one):            Checking                            Savings    |
| Routing/Transit Number:   |
| Full Account Number:  |
| I wish to deposit (check one):            \$_____            -OR-            _____% |

I authorize Bainbridge Island School District to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize the direct deposits into the named account. This agreement is to remain in full force until written notification of modification or termination is received.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Note: Digital signatures NOT accepted

Please return completed forms to: Payroll Department  
Bainbridge Island School District  
hr@bisd303.org