Lane County School District 4J

Electronic Withdrawal from Checking/Savings Account Authorization Form

Employee Name	Employee #
Print exactly as name appears on your ba	ank account.
and/or life insurance premium on the 5 th of a weekend or holiday) from my account of	4J and the bank shown below to withdraw my health of each month (or the prior banking day if the 5 th falls on designated below. This authorization will remain in r upon rejection of a withdrawal by the bank because
Name of Bank	Account #
If you have more than one account, pleas	se list only the one to be used for this electronic withdrawal plan.
Please Indicate type of acc	count Checking Savings
PLEASE AT	ГАСН A VOIDED CHECK
Please contact Human Resources at (541)	790-7660 if you wish to change your account.
	Signature
	Date