



Anchorage School District Direct Deposit Authorization Individual Payments

This form will start, stop or change direct deposit payments received by you from the Anchorage School District.

Instructions

General

Type or print clearly. Complete the form in its entirety - blanks may delay processing. Return the completed form to:

Anchorage School District
Accounting Department
5530 E. Northern Lights Blvd.
Anchorage, AK 99504
Telephone: (907) 742-4341

Action Requested

- Check **start** if you don't have electronic payments and wish to.
- Check **stop** if you wish to stop your electronic payment.
- Check **change** if you have electronic payments and wish to make a change to your information. You will be paid by warrant (check) until the change has been processed.

Payee Information

Payment remittance information will be sent to the e-mail address provided. It will default to your ASD email account if an alternate is not given.

Financial Institution

Ensure the account number and routing numbers are correct. Checking will be the default **Account Type** if neither box is marked. To ensure accuracy, attach a voided check to the bottom of this authorization. If you are uncertain, contact your financial institution.

Agreement

I hereby authorize and request the Anchorage School District to initiate credit entries and, if necessary, a debit entry in accordance with the National Automated Clearing House Association (NACHA) rules on reversing a credit entry made in error, to my account at the financial institution named. This authority will continue until withdrawn by:

- Written notification from the Payee;
- written notification from the financial institution; or
- the Anchorage School District.

Note:

Electronic payments will not be started if the information provided is not correct or is incomplete.

Action Requested:

Start Stop Change

Payee Information:

Payee Name

Mailing Address

City, State, Zip Code

E-mail Address

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Last 4 Digits of Social Security Number

Financial Institution:

Name of Financial Institution

Financial Institution Telephone Number

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Transit Routing Number

Account Type: Checking Savings

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Account Number

Authorized Name on Account (print)

Authorized Signature on Account— Signature above signifies acceptance of the terms and conditions noted in the **Agreement** to the left.

Date: _____