



LAPWAI SCHOOL DISTRICT NO. 341
404 S Main St
LAPWAI, IDAHO 83540
208-843-2622 - Fax 208-843-7746
www.lapwai.org

DIRECT DEPOSIT AUTHORIZATION

Use this form to add, change or cancel a direct deposit. Most financial institutions are set up to receive direct deposits.

I hereby authorize Lapwai School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my

___ CHECKING ___ SAVINGS (select one)

account and the depository names below and to credit and/or debit the same to such account.

___ NEW ACCOUNT ___ CANCEL ACCOUNT (Select one)

Depository Name _____ Branch _____

Address _____

City _____ State _____ Zip _____ Phone _____

9 Digit Transit Routing No. _____ Account No. _____

This authority shall remain in full force and effect until Employer has received written notification from me of its termination in such time and in such manner as to afford Employer and Depository a reasonable opportunity to act on it. **Deposits returned because of closed accounts or incorrect information provided by the employee will be result in a \$10.00 return fee and delay of five days in receiving paycheck.**

Name: _____

Signature _____ Date _____

PLEASE ATTACH A VOIDED CHECK

e-mail for notice: _____