

## MERIDIAN SCHOOL DISTRICT

Each student will succeed through quality, inspirational and innovative education

## Authorization Agreement for Electronic Deposit

checking or savings account as indicated		ct deposit my payi	Oil Wallalli to lify
Select only one:Ch	ecking	Saving	ŢS.
Bank Name		_Branch	
Location			·
Account Number	,		
Routing Number			
This authority is to remain in full force received written notification from me as to afford Meridian School District a	of its termina	ation in such time a	and in such manner
Name			
Signed		Date	
Please attach a voided check or direct to your depository information must b month for changes to that month's pay to accounts that would affect this proc	e received at roll. Please	the District Office notify us immedia	e by the first of the tely of any changes
PLEASE ATTACH A VOIDED			
Meridian School District is requesti questions please contact Tracy Newby	<b>ng direct de</b> 7 (360) 318-2	<b>posit at this time.</b> 162 or Stephanie I	If you have any Oyer (360)318-2164
Thank you, Payroll			