



**InterMountain**  
EDUCATION SERVICE DISTRICT



www.imesd.k12.or.us



2001 SW Nye Avenue  
Pendleton, OR 97801



main 541.966.3100  
fax 541.966.3240

## DIRECT DEPOSIT

### AUTHORIZATION AGREEMENT FOR AUTOMATED DEPOSITS

I hereby authorize the InterMountain Education Service District, hereinafter called the IMESD, to deposit my net payroll check to my account:

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

BANK/CREDIT UNION NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE (select one): ☐ Checking ☐ Savings

ATTACH ONE:

☐ Copy of blank, voided personal check (NOT direct deposit slip)

☐ Direct Deposit Authorization from bank

\*Written notification of changes must be received by payroll before the 15<sup>th</sup> of the month to be effective in the same month's payroll.

This authority is to remain in full force and effect until the IMESD receives a written notice canceling the direct deposit in such time and manner as to afford the Payroll Office a reasonable opportunity to act.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_