AUTHORIZATION FOR DIRECT DEPOSITS

Payroll 125 Flex Plan		
Employee Name	Employee Num	nber
COMPANY Name: Oregon Trail School Dist 46		
I hereby authorize the above company; Oregon Checking account or Savings account DEPOSITORY), to credit the same to such account	t indicated below and th	
DEPOSITORY	Account Number	
(Financial Institution)		
Branch	City	Zip
This authority is to remain in full force and effect notification from me of its termination in such to Dist 46 a reasonable opportunity to act on it. Or discontinue direct deposit to any account after a they may have.	ime and in such manner regon Trail School Dist 4	as to afford Oregon Trail School for reserves the right to
You agree to the electronic delivery of your address		which will be sent to your email
Signature	Dates	
(for office use only)		
TRANSIT ROUNTING NUMER	ACCOUNT NUM	1BER

Attach Voided Check Here (no deposit slips)