



# 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 This authority will continue until withdrawn by: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.

#### Reimbursement Type:

Employee  Parent

#### Action Requested:

Start  Stop  Change

#### Payee Information:

Payee Name

Mailing Address

City, State, Zip Code

Contact Phone Number

Email 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: \_\_\_\_\_