

# College Place School District #250

Business Office  
1755 South College Avenue; College Place, WA 99324  
Phone 509-525-4828 Fax 509-525-3741  
Terrie Hall, Fiscal Assistant  
[thall@cpps.org](mailto:thall@cpps.org)

## Payroll Direct Deposit Authorization

I, \_\_\_\_\_, hereby authorize College Place School District to make payroll deposits to the bank account indicated on the attached **blank deposit slip** and **voided check**.

Forms completed and turned in by the 10<sup>th</sup> of the month will start your direct deposit that month. All forms completed and turned in on or after the 11<sup>th</sup> of the month will start your direct deposit the next month. This authority is to remain in full force and effect during my employment with College Place School District. I understand that thirty (30) days written notice to the District is required if I change banks and or accounts or wish to cancel direct deposit.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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**This area to be completed by the business office!**

Bank # \_\_\_\_\_

Account # \_\_\_\_\_

Prenotification Done (MM/DD/YY) \_\_\_\_\_

Entered into Payroll system \_\_\_\_\_