

**Authorization for Direct Deposit and Electronic Pay Statement**  
(Credit Authorization)

Please fill out the form below, attach a voided check or a photocopy of a check to this form and return to:

Holly Bernhardt, Regional Payroll Manager  
High Desert ESD  
2804 SW Sixth Street  
Redmond OR 97756

**NOTE:** Initiation of direct deposit takes from 30 to 60 days from the time this form is received by payroll. During that time you will continue to receive your check and pay statement by mail.

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)**  
**And Electronic Pay Statement**

Company Name: High Desert ESD Company ID Number 936002511

I (we) hereby authorize High Desert ESD, hereinafter called COMPANY, to initiate credit entries to my (our)  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: \_\_\_\_\_ Branch \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) \_\_\_\_\_  
(Please Print)

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

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS *MUST* PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

**Note: ATTACH A VOIDED CHECK or a photocopy of a check to this form**