



LEAD Correspondence - Business Office

429 Forest Hwy.
Yakutat, Alaska 99689

Phone: 907.784.3317

Fax: 907.784.3446

Family Number:

Electronic Reimbursement Deposit Authorization

Please check one box

- New Application Change of Bank Information Cancel Authorization

I hereby authorize the Yakutat School District to initiate deposits to the financial institution indicated. I also authorize the named financial institution to accept and distribute said funds in the manner designated by me. This authority is to remain in full force and effect until I revoke it by giving 10 days prior written notice to the Yakutat School District business office at the address listed above. This form may be used as a new application, change of bank information and to cancel authorization.

I understand that this authorization will override any previous authorization, and will remain in effect until the Yakutat School District business office has received written notification of change of bank or cancel of authorization.

Printed Full Name of Individual(s) on Bank Account

Financial Institution

Account Number

9- Digit Routing Number

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- Checking Account
 Saving Account

MUST ATTACH A VOIDED CHECK HERE
(Required documentation)
(Used ONLY to verify your banks transit routing and account number)

Authorized Signature(s)

Date: