



Business Office  
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CFO  
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## AUTHORIZATION AGREEMENT FOR ACH PAYMENT - Non Employee (Direct Deposit)

NAME OF PERSON SUBMITTING FORM:

Bank Account type:                                      Checking                                      Savings

NAME:  
(Name as it appears on bank account)

NAME OF BANK:

BANK ADDRESS:

BANK (ABA/ROUTING) NUMBER:                                      BANK ACCOUNT #

Do you require a remittance advice for each payment? Yes      No

If yes, what is your preferred method of notification: E-Mail address  
or Fax #

I agree that this authorization will remain in effect until I provide written notification terminating this service.

Date:

Authorized signature for bank account

Printed Name

**Please attach a voided check to this form. A PDF copy of a voided check, or a letter from your bank verifying your ABA (routing number) and bank account number will suffice.**

Email documents to [ap@washoeschools.net](mailto:ap@washoeschools.net)