



## Association of Washington Student Leaders Direct Deposit Authorization Form

AWSL and AWSP have implemented an electronic paperless payment system in lieu of payment by check. Notice of direct deposit to your account will be emailed to you when payment is scheduled.

**AWSL**  
2142 Cispus Rd  
Randle, WA 98377  
Fax 360 497-5324    email: van@awsp.org

I hereby authorize **Association of Washington Student Leaders** and **Association of Washington School Principals** hereinafter called COMPANY, to initiate Credit entries for (your name or company name)

\_\_\_\_\_ to my account indicated below and the institution named below, hereinafter called FINANCIAL INSTITUTION to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**Financial Institution Name** \_\_\_\_\_

\_\_\_\_\_ **Routing Number**

\_\_\_\_\_ **Account Number**

**Type of Account:**     **Checking**         **Savings**

This authority is to remain in full force until COMPANY has received written notification of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

\_\_\_\_\_ **Print your name**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Email (required for electronic notification)**

**PLEASE INCLUDE A BLANK CHECK MARKED VOID WITH THIS FORM  
IF SELECTING DEPOSIT INTO CHECKING ACCOUNT.**

NAME		0123
ADDRESS		
CITY, STATE ZIP		01-23456789
DATE: _____		
PAY TO THE ORDER OF _____		\$ [ ]
_____		DOLLARS
BANK NAME		
ADDRESS		
CITY, STATE ZIP		
FOR _____		
⑆0 23456789⑆		0 234567890 23⑆
⑆0 23		
<b>Bank Routing Number</b>	<b>Bank Account Number</b>	<b>Check Number</b>