



Educational Service Center
PO Box 519
Duvall, WA 98019

Accounts Payable Direct Deposit Authorization

I authorize the Riverview School District to initiate accounts payable direct deposits and, if necessary, adjusting entries to the account of my choice:

Checking Account or Savings Account

Please attach a **VOIDED CHECK** or **SAVINGS ACCOUNT DEPOSIT SLIP** here

OR

If you have a check on file and wish to continue using the same
account information check here and sign/date below.

Signature _____ Date _____