

DIRECT DEPOSIT AUTHORIZATION FORM

I, _____, hereby

- Authorize my employer, **Wattsburg Area School District** and its agents, including financial institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to change it and my employer has had reasonable time to implement such changes. I understand I should contact my bank to verify receipt of funds.
- Revise direct deposit bank account(s) as indicated below

Signature: _____ Date _____

Remaining Balance to 1 st Account			Use Percentage		
Pay Order	Bank Name/Address/Phone	Acct. Type	Routing/Account Numbers	Amount	Pct. (%)
1.	_____	Ckg <input type="checkbox"/>	Rtg _____		
	_____	Sav <input type="checkbox"/>	Acct _____		
2.	_____	Ckg <input type="checkbox"/>	Rtg _____		
	_____	Sav <input type="checkbox"/>	Acct _____		
3.	_____	Ckg <input type="checkbox"/>	Rtg _____		
	_____	Sav <input type="checkbox"/>	Acct _____		

TOTAL _____

Please attach a voided check for each bank account to which funds will be deposited. Do not use deposit slip.

NAME _____ 20__ 0324

Pay to the order of _____ \$ _____

_____ Dollars

Bank _____

Memo _____

⑆123456789⑆ 022499999999⑆ 0324

Example Routing Number: 123456789

Example Account Number: 02299999999

Please note: The first payroll following enrollment will be a pre-notification (you will receive a paycheck). Your second pay will be direct deposit into your account.