

WATTSBURG AREA SCHOOL DISTRICT

Direct Deposit Authorization From

Please print and complete ALL the information below.

Name: _____

Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings

Amount: \$ _____ _____ % or Entire Paycheck

Name of Bank: _____

9-Digit Routing #: _____

Account #: _____

Type of Account: Checking Savings

Amount: \$ _____ _____ % Remainder of Paycheck

Please attach a voided check for each bank account that funds will be deposited to.

I hereby authorize the Wattsburg Area School District to initiate electronic credit entries, and, if necessary, debit entries and adjustments for any credit entries made in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed WASD in writing that I wish to change it and WASD has had reasonable time to implement such changes. I understand that I should contact my bank to verify receipt of funds.

Employee Signature: _____ Date: _____