



AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

EMPLOYEE INFORMATION:

Name: _____

Address: _____

City / State / Zip: _____

FINANCIAL INSTITUTION INFORMATION:

Bank and or Credit Union: _____

Routing # (9 digits at bottom left hand side of your check): _____

Acct. # Checking _____ Acct. # Savings _____

Checking Account Amt: _____ Write "Net" if all of paycheck

Savings Account Amt: _____ Write Amt. to be withheld

AUTHORIZATION:

I hereby authorize Wa-Nee Community Schools to deposit my payroll into the account listed above and if necessary, initiate debit entries or adjustments for any deposits made in error to my account upon prior notification. This authority is to remain in full force and effect until written notice from me has been received by the payroll department in such a manner as to afford reasonable time to act on it.

Signature: _____ Date: _____

PLEASE ATTACH VOID CHECK