

**DIRECT DEPOSIT AUTHORIZATION FORM
WEST BLOOMFIELD SCHOOL DISTRICT**

Authorization Agreement for Automatic Deposits (ACH Credits)

Employee Identification Number (*internal office use only*): _____

Employee Name: _____

You will receive a paper check for your first pay while we run a preliminary test to verify the account numbers you provided are valid. We will mail your pay check (paper check) to your home address as provided to Human Resources. After the validation process from your 1st pay, all remaining pays will be automatically deposited into your account.

I authorize the West Bloomfield School District to make deposits to the following account:

➤ **Circle one:** **Checking Account** **or** **Savings Account**

Bank or Depository Financial Institution (DFI) Name: _____

Routing and Transit Number of DFI: _____

Account Number: _____

(Please confirm your account number with your financial institution)

I authorize the Bank or Depository Financial Institution listed above to accept these deposits. I also understand that adjusting entries may be made to correct any errors in the deposits. It is agreed that these deposits and adjustments may be made electronically and are bound by the rules of the Michigan Automated Clearing House Association. This authorization will continue in effect for succeeding years unless I initiate a change by delivering a new notice to the Payroll office.

Employee Signature: _____

A voided check **MUST** be attached in this space for the checking account.

RETURN TO: WEST BLOOMFIELD SCHOOL DISTRICT
BUSINESS OFFICE – PAYROLL
5810 COMMERCE ROAD, WEST BLOOMFIELD, MI 48324
Any questions please call payroll at 248-865-6437