

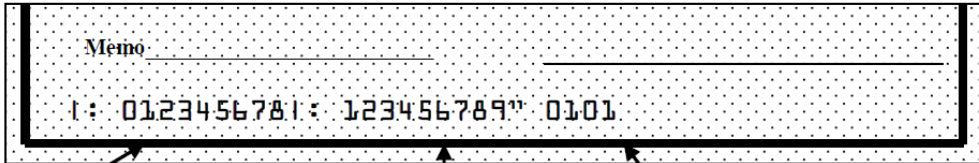
WINDSOR SOUTHEAST SUPERVISORY UNION
 Hartland • Weathersfield • West Windsor • Windsor School Districts

105 Main Street, Suite 200 • Windsor, Vermont 05089
 (802) 674-2144 • fax (802) 674-6357



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Routing#	Account #	\$Dollar Amount to Deposit or "BALANCE"	Type of account Enter (C) for Checking Or (S) for Savings



Routing/Transit #
 (A 9-digit number always between these two marks)

Checking Account #

Check #
 (this number matches the number in the upper right corner of the check – not needed for sign-up)

PLEASE ATTACH A COPY OF A VOIDED CHECK

- I hereby authorize my employer, Windsor Southeast Supervisory Union and its affiliated School Districts, to deposit my net pay and additional distributions, if any, to the financial institution(s) listed above. My employer is also authorized to debit any over-deposit or error, which my employer has caused to be made to my account, not to exceed the original amount of the erroneous credit. The employee may amend this authorization any time through Human Resources with proper notice. In the absence of bank documentation, my signature certifies the Transit #(s) and Account #(s) indication above are correct as shown.
- No fixed direct deposit will be made if insufficient net pay is available.
- It is my responsibility to verify deposits on a per pay period basis before writing checks or making electronic transactions against these funds.
- I may cancel these Direct Deposit(s) at any time by notifying in writing Human Resources. Banking services are provided in accordance with the limitations and restrictions of the National Automated Clearing House Association (NACHA).

Employee Name (printed) _____ Date: _____

Employee Signature _____

District: _____