

Direct Deposit

A VOIDED CHECK, PHOTOCOPY OF A CHECK, OR AUTHORIZATION FROM YOUR BANK IS REQUIRED TO ENSURE PROPER ROUTING OF YOUR DEPOSIT TO YOUR CHECKING ACCOUNT. A DEPOSIT SLIP OR AUTHORIZATION FROM YOUR BANK IS NEEDED FOR SAVINGS.

I hereby authorize the West Allis-West Milwaukee School District to initiate credit entries to all/any of my accounts listed below. I also authorize initiation of any debit entries and adjustments for any credit entries made in error to my account(s). The Depositories named below will credit or debit the same to such accounts.

You may elect a fixed amount or a percentage of your total payroll check. You may choose multiple institutions/accounts. Please complete the following:

Primary Account

BANK NAME _____

DEPOSIT ENTIRE NET CHECK TO THIS ACCOUNT _____ DEPOSIT REMAINDER AFTER DIRECT DEPOSIT BELOW _____

ROUTING NO. _____ ACCOUNT NO. _____ ACCOUNT TYPE: CHECKING
 SAVINGS

Secondary Account

BANK NAME _____

AMOUNT \$ _____ OR PERCENT _____ %

ROUTING NO. _____ ACCOUNT NO. _____ ACCOUNT TYPE: CHECKING
 SAVINGS

Secondary Account

BANK NAME _____

AMOUNT \$ _____ OR PERCENT _____ %

ROUTING NO. _____ ACCOUNT NO. _____ ACCOUNT TYPE: CHECKING
 SAVINGS

This authority is to remain in full force and effect until the District has received written notification from me of its termination in such time and in such a manner as to afford the District and the Depository a reasonable opportunity to act on it.

Print Name _____ Signature of Employee _____

Date _____ Social Security # _____

OFFICE USE ONLY

VERIFIED BY _____

DATE VERIFIED _____