

The Personnel Department

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

ENROLLMENT TYPE: New Enrollment Change Current Status

I hereby authorize The Personnel Department to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name below, hereinafter called Depository, to credit and/or debit the same entries to such account.

EMPLOYEE INFORMATION

Employee Name: _____

Client Name: WESTFIELD WASHINGTON SCHOOLS

DEPOSITORY INFORMATION

	Bank Checking	Bank Savings	Credit Union Checking	Credit Union Savings	Other Institution
Account Num.					
ABA/Transit #					
Dollar \$ or %					
Bank Name					
City					
State					
Phone					

This authority is to remain in full force and effect until The Personnel Department has received written notification from me to terminate in such time and in such manner as to afford The Personnel Department and Depository a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

Note: Funds transferred by electronic transmission normally post to accounts one to two banking days after payroll is processed. Employee remains responsible for verifying that their funds are deposited, clear and available prior to writing checks or debiting account.

SAMPLE

ATTACH VOIDED CHECK SLIP HERE		0001
Address	_____	19 _____
PAY TO THE ORDER OF _____	\$ _____	
		DOLLARS
Memo _____	_____	signature
<input checked="" type="checkbox"/> 028809525	<input checked="" type="checkbox"/> 1157650295085	* 0001
<small>Routing Number</small>	<small>Account Number</small>	<small>Check Number</small>

CSR: _____ P/R: _____