

# WAYNE COUNTY SCHOOL DISTRICT AUTHORIZATION FOR DIRECT DEPOSITS (ACH CREDITS)

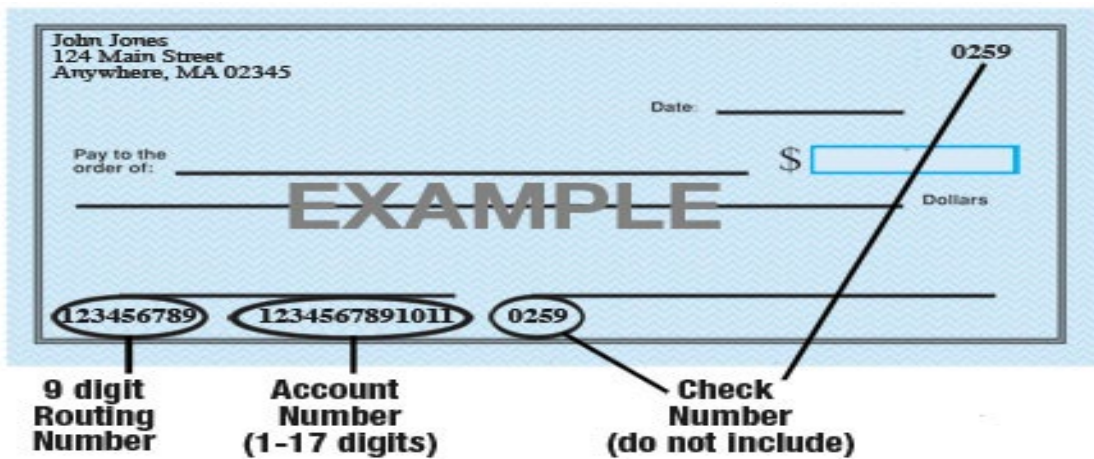
Please print and complete ALL the information below.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**A COPY OF A VOIDED CHECK OR LETTER FROM BANK  
MUST BE ATTACHED TO VERIFY ACCOUNT NUMBERS.**



Name of Bank: \_\_\_\_\_

9-Digit Routing #: \_\_\_\_\_

Account #: \_\_\_\_\_

Amount:  \$ \_\_\_\_\_  \_\_\_\_\_ % or  Entire Paycheck

Type of Account:  Checking  Savings (Check One)

This authority is to remain in full force and effect until Wayne County School District has received notification of its termination in such time and such manner as to afford Wayne County School District and Depository a reasonable opportunity to implement change.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_