

**WATERLOO CENTRAL SCHOOL
Direct Deposit Authorization**



Name: (please print) _____

Phone: _____

I hereby authorize the Payroll Department to make Direct Deposits to the following accounts:

Bank Name	Account Information	Amount or PerCent of Net Pay	
_____	Checking Account # _____	\$ _____	_____ %
RTN# _____	Savings Account # _____	\$ _____	_____ %
_____	Checking Account # _____	\$ _____	_____ %
RTN# _____	Savings Account # _____	\$ _____	_____ %
_____	Checking Account # _____	\$ _____	_____ %
RTN# _____	Savings Account # _____	\$ _____	_____ %
_____	Checking Account # _____	\$ _____	_____ %
RTN# _____	Savings Account # _____	\$ _____	_____ %

Attach a voided check to this authorization for each checking account requested.

***** This authorization will override the current form on file. Please show ALL ACCOUNTS for direct deposit. *****

Electronic Delivery of direct deposit stub

Your direct deposit stub may be sent to your Waterloo CSD email or a personal email address.

If choosing a personal email, please list email address : _____

(please write clearly)

Signature: _____

Date: _____