

SENSITIVE DATA – DO NOT EMAIL COMPLETED FORM

Employee Name _____ Social Security #: XXX-XX-_____
(Please Print) (Last 4 digits)

DIRECT DEPOSIT AUTHORIZATION FORM

Wausau School District
415 Seymour Street
PO Box 359
Wausau, WI 54402-0359

I hereby authorize the Wausau School District, hereafter called Company, to initiate credit entries for the amount of my net payroll and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking /or Savings account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

NAME OF YOUR FINANCIAL INSTITUTION: _____
CITY: _____ STATE: _____
ROUTING No.: _____

REQUIRED - ATTACH A VOIDED CHECK OR LETTER FROM YOUR FINANCIAL INSTITUTION, ALONG WITH THIS AUTHORIZATION FORM, FOR THE ACCOUNT YOUR PAYCHECK WILL BE DEPOSITED

_____ Primary Account # _____
Select type of account: Checking Account Savings Account
Your net payroll will go into your primary account unless you use both a primary account and a secondary account.

_____ Optional Secondary Account # _____
Select type of account: Checking Account Savings Account
If a secondary account is being used, you must enter an amount: \$ _____

A secondary account, if selected, must be at the same financial institution as the primary account. If both accounts are used, your net payroll less the amount going into your secondary account will go into your primary account.

This authority is to remain in full force and effect until Company receives written notification from me to discontinue the pre-authorized deposit. It is the employee’s responsibility to notify the Wausau School District of any change in financial institution information. A \$10 fee will be assessed for deposits returned as a result of failure to notify the Wausau School District of any changes to financial institution information.

Upon processing of this form by the Payroll Department, the employee’s next pay check may be a paper check. If a paper check is created before the information provided is verified by the financial institution, you will be contacted by the payroll department.

Employee Signature Date

Original signed document along with **voided check** or **letter from your financial institution** for the account your paycheck will be deposited into needs to be returned to Payroll Department at Longfellow Administrative Center. Email copies will not be accepted.