WILSON AREA SCHOOL DISTRICT

DIRECT DEPOSIT ENROLLMENT / CHANGE FORM

NAME: _____

SELECT ONE: NEW Enrollment _____

CHANGE _____

BANK NAME: _____ PHONE #: _____

CITY, STATE: _____

Account No.: _____ Routing #: _____

Checking _____ or Savings _____ _____%

Account No.: _____ Routing #: _____

Checking _____ or Savings _____ _____%

TOTAL = **100%**

IMPORTANT NOTE:

- If you wish to split your direct deposit, please indicate the percentage for each account. **THE TOTAL MUST EQUAL 100%.**
- When changing banks/accounts, please do not close the existing account until the funds appear in your new/changed bank account.
- **PLEASE ATTACH A VOIDED CHECK OR IN LIEU OF A VOIDED CHECK, YOU MAY ALSO PROVIDE A SUMMARY FROM YOUR BANKING INSTITUTION ON THEIR LETTERHEAD.**