WAYNE LOCAL SCHOOLS DIRECT DEPOSIT AUTHORIZATION FORM



EVERY FIELD MUST BE COMPLETED, ANY MISSING INFO WILL DELAY THE PROCESS FOR DIRECT DEPOSIT ACTIVATION

I authorize the <u>Wayne Local School District</u> referred to as "Company") to direct deposit funds to my account with the financial institution listed below. If funds to which I am <u>not</u> entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that the authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement.

Check one of the following:	e following: Start] Stop		hanging A	Account	Adding an Account			
Account # – (Type of Account Financial Institution Name (NAME OF BANK)	: please check one) [Checking (voide	ed check only, c	leposits sl	ip are not a	accepted)	Savings	(deposi	't slip o	nly)
City:			State:		Zip:		Phone:			
ABA Bank Routing Numb	nbers)	Account Number (not to exceed 17 numbe								
1:		: -								I
PLEASE STAF										
PLEASE NO		LISTE	D BELOV	V)	
X Employee Signature							X Date			

Print First, Middle Initial and Last Name

EMAIL ADDRESS FOR DIRECT DEPOSIT NOTIFICATION

I (the "Employee") understand that by submitting this form means my entire payroll check will be deposited into the above institution(s).

The above "Employee" is required to sign this form to active direct deposit of their paychecks. The "Company" is to retain this document on file. Wayne Local Schools ■ 659 Dayton Road ■ Waynesville, Ohio 45068 ■ 513-897-6971

Home Phone Number