

**WATERFORD SCHOOL DISTRICT
EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

LAST NAME: _____ FIRST NAME: _____ EMP ID: _____

ACCOUNT #1 **Financial Institution Name:** _____

Account #1 Type (check one): ☐ Checking ☐ Savings

Routing number (ABA Number)

Account Number

ACCOUNT #2 **Financial Institution Name:** _____

Account #1 Type (check one): ☐ Checking ☐ Savings

Routing number (ABA Number)

Account Number

Dollar amount to be deposited to this account per pay: \$ _____

This authorizes Waterford School District to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated above. This authorized the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until WSD receives a written termination notice from myself and has a reasonable opportunity to act on it.

❖ **WSD requires all direct deposit accounts to be “pre-noted” with the bank. Once the pre-note is confirmed, the direct deposit will start. You will receive an email confirmation that your request is being processed by the Payroll Office. Your first pay will be a paper check.**

Authorized signature

Date

For security purposes, do not fax or email form to payroll. Send form via pony mail to the Payroll Office or drop the form off at the Payroll Office at Crary.

ATTACH VOIDED CHECK HERE TO HELP VERIFY ROUTING AND ACCOUNT NUMBERS LISTED ABOVE.