

Direct Deposit Authorization Form

School District of Waukesha

Return to the Payroll Office @ 222 Maple Avenue, Waukesha, WI 53186

******YOU MUST ATTACH A VOIDED CHECK OR A BANK DIRECT DEPOSIT AUTHORIZATION FORM FOR ALL ACCOUNTS LISTED! DEPOSIT SLIPS WILL NOT BE ACCEPTED! ******

Name: _____
(Last, First)

Last 4 Digits of SSN: _____

Financial Institution Information: (Primary account for NET PAY!)

Name of Financial Institution:	
Routing Number:	Account Number:
Amount: <u>NET PAY</u>	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Optional: Other Financial Institution Information: I have an additional bank account I wish to have a portion of my deposit credited to.

Name of Financial Institution:	
Routing Number:	Account Number:
Amount: \$	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Optional: Other Financial Institution Information: I have an additional bank account I wish to have a portion of my deposit credited to.

Name of Financial Institution:	
Routing Number:	Account Number:
Amount: \$	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorization: I authorize the School District of Waukesha to initiate Payroll deposits automatically into the account(s) listed above via direct deposit. I understand that my first pay may be via paper check so that the District may verify the information listed. I authorize the School District of Waukesha to debit and adjust any transactions made in error to the above-listed accounts. I am responsible for verifying that my pay is deposited into my account(s). I will notify the Payroll Office of the School District of Waukesha of any changes made to my account number or financial institution in a timely manner, and understand that failure to do so may affect the timeliness of my pay. This authorization overrides any previous authorization. Further, I agree not to hold the School District of Waukesha responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds into my account.

Due to the sensitivity of this data, DO NOT EMAIL this completed form!

Signature: _____

Date: _____