



Direct Deposit Authorization Agreement

Instructions:

- Please complete all information below
- A voided check or direct deposit information sheet from your financial institution must accompany this completed form
- Please check with your financial institution for the correct reporting of bank and account information – format requirements vary. Your financial institution must accept ACH transfers.

** On the first pay period following receipt of this direct deposit authorization form, payroll will transmit a “zero dollar” entry to your financial institution, known as a pre-notification, to verify the direct deposit information.

Authorization Type: _____NEW _____CHANGE
Employee Name: _____ SS#: _____

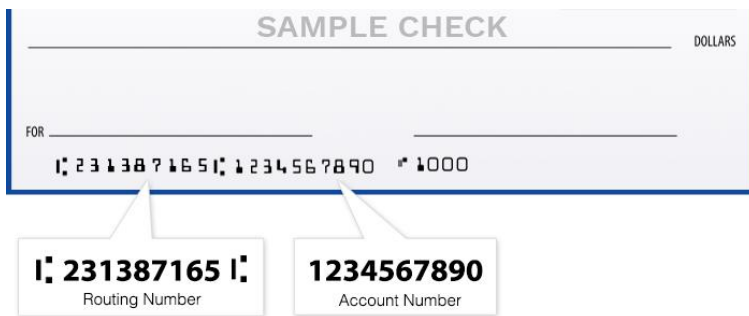
School: _____

Financial Institution Name: _____

Bank Transit/ABA Routing Number: _____

Account Number: _____ Checking Account _____ Savings Account _____

Example of Check Information:



I hereby authorize The School District of Whitefish Bay to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account. The financial institution named above is also authorized to make any corresponding entries to same such account. This authority is to remain in full effect until the School District has received written notification from me of its termination in such time and manner to afford a reasonable opportunity to act on it.

Employee Signature: _____ **Date:** _____