

# WEST CARROLLTON CITY SCHOOL DISTRICT PAYROLL DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the West Carrollton City School District (Employer) to direct deposit my payroll checks to the following financial institution, on regularly scheduled pay dates. The authorization allows my Employer to initiate credit entries as well as debit entries and/or adjustments for any incorrect credit entries to the following listed account(s):

Institution Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone Number \_\_\_\_\_

Federal Routing Code (ABA#) \_\_\_\_\_

### PLEASE DEPOSIT MY PAY AS FOLLOWS:

- ALL or \$ \_\_\_\_\_ to checking account # \_\_\_\_\_;  
balance to savings account (below) or another institution
- ALL or \$ \_\_\_\_\_ to savings account # \_\_\_\_\_;  
balance to checking account (above) or another institution
- Other account - \$ \_\_\_\_\_ to account # \_\_\_\_\_;

The responsibility of the Treasurer ceases upon delivery to the Federal Reserve. It is the responsibility of the Employee to notify the Employer of any change which would affect the deposit of funds to the above accounts.

This authority is to remain in full force until the Employer has received written notification from the Employee of change or termination. All arrangements for withdrawals from checking or savings accounts must be made at the bank and are the responsibility of the Employee.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**ATTACH A VOIDED CHECK FOR EACH ACCOUNT**