

Authorization for Direct Deposit – Employee Form

This authorizes **Western Reserve Local School District** to send credit entries (and appropriate adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the Account to post all such entries.

Account:

Account type (check one): ___ Checking ___ Savings

Employee Bank Name

Bank Routing #

Account #

Percentage or Dollar Amount to be deposited to this account

This authorization will be in effect until Western Reserve Payroll Department receives a written termination notice from myself and has a reasonable opportunity to act on it.

Employee Signature

Printed Name

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check if the monies are to be deposited in a checking account to help verify their account numbers and bank routing numbers.