

WHEATLAND SCHOOL DISTRICT
DIRECT DEPOSIT PAYROLL AUTHORIZATION

INSTRUCTIONS:

Please fill out this form and attach a voided check to complete your authorization for automatic payroll deposits. Return this form and the attached voided check or savings account deposit slip to the Payroll Department.

ABOUT THE EMPLOYEE:

Employee Name

Employee ID#

I hereby authorize Wheatland School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (check one) _____ Checking _____ Savings indicated below and the depository name below, to credit and/or debit the entries to such account.

ABOUT THE DEPOSITORY:

Financial Institution

Bank Routing Number

Bank Account Number

This authority is to remain in full force and effective until the **Wheatland School District** has received written notification from me of its termination in such time and in such manner as to afford the **Wheatland School District** and the **Depository** a reasonable opportunity to act on it.

Employee Signature

Date