

DIRECT DEPOSIT AUTHORIZATION FORM

Initial Request
Or
Change of Information
(Please Circle)

Employee Name: _____

Name of Bank: _____

Account #: _____

Routing #: _____

Account Type: Checking: _____ Savings _____

Amount to Be Deposited: _____

Beginning with the pay of: _____

I authorize the Winooski School District to deposit my payroll check to the above account. I understand that it is my responsibility to notify the payroll department of any changes in authorization (ie: account #, bank change, closed account) **1 week prior to the change in writing (e-mail will not be accepted).**

*****Any staff member covered under a negotiated agreement is required to enroll in direct deposit*****

Signature _____

Date _____

A BLANK VOIDED CHECK MUST BE ATTACHED TO THIS FORM

ATTACH HERE