

Washington Community Schools

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Washington Community Schools** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Washington Community Schools** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **Washington Community Schools** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Washington Community Schools** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to Corporation Treasurer.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

☐

Savings

☐

***Your entire payroll amount will be deposited into the account listed above unless you specify below that you want a certain amount to go into a different account. Skip to the Signature section if you want all of you pay deposited in the above account.**

Name of Additional Financial Institution: _____

Routing Number _____

Account Number: _____

Checking

☐

Savings

☐

Amount per pay to be deposited into second account \$ _____

Signature

Authorized Signature: _____ Date: _____

Please attach a voided check and return this form to the Superintendent's Office