## WACHUSETT REGIONAL SCHOOL DISTRICT AUTHORIZATION FOR DIRECT DEPOSIT

Employee Name	
School	Check one: □ Initial Set Up □ Change Account # or Bank
Signature (required)	Date

I authorize Wachusett Regional School District to deposit my pay into my account(s) identified as and held at the financial institution(s) named below, and I certify that such account(s) exist. This authorization will remain in effect until I give written notification to Wachusett Regional School District to either change or terminate this authorization. I understand that each and every paycheck will be direct deposited in the account(s) which I have authorized, in the amounts which I have authorized. I have provided Wachusett Regional School District with a blank voided check solely for the purpose of verifying my account number and the financial institution's ABA (routing) number.

## \* **REQUIRED:** Voided check or paperwork from your bank for each institution.

NET PAY	(100% of pay, OR,	remaining balance	after Flat Amounts)
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Bank Name	Account #
	Routing #
	(please provide voided check)
	Check one:   Checking
	Savings

FLAT AMOUNT #1 (optional)	please indicate amount:	\$		
Bank Name		Account #		
		Routing #		
			(please pro	ovide voided check)
		Check one:		Checking
				Savings

FLAT AMOUNT #2 (optional)	please indicate amount:	\$			
Bank Name		Account #			
		Routing #			
			(please provide voided check)		
		Check one:		Checking	
				Savings	
FLAT AMOUNT #3 (optional)	please indicate amount:	\$			
Bank Name		Account #			
		Routing #			J
			(please pro	ovide voided check)	
		Check one:		Checking	
				Savings	

For Payroll Department use only:			
System Entry By	Date Entered	Prenote Date	