

**WACHUSETT REGIONAL SCHOOL DISTRICT
AUTHORIZATION FOR DIRECT DEPOSIT**

Employee Name	Social Security Number
School	Check one: <input type="checkbox"/> Initial Set Up <input type="checkbox"/> 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)

Bank Name	Account #
	Routing # (please provide voided check)
	Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

FLAT AMOUNT #1 (optional) please indicate amount: \$

Bank Name	Account #
	Routing # (please provide voided check)
	Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

FLAT AMOUNT #2 (optional) please indicate amount: \$

Bank Name	Account #
	Routing # (please provide voided check)
	Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

FLAT AMOUNT #3 (optional) please indicate amount: \$

Bank Name	Account #
	Routing # (please provide voided check)
	Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

<i>For Payroll Department use only:</i>		
<i>System Entry By</i>	<i>Date Entered</i>	<i>Prenote Date</i>