



Wachusett Regional School District

Holden - Paxton - Princeton - Rutland - Sterling

AUTHORIZATION FOR DIRECT DEPOSIT

| | |
|-----------------------------|---|
| Employee Name | |
| School | Check one: Initial Setup Change to Existing |
| 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.

REQUIRED: Voided check or direct deposit documentation from the financial institution(s) listed below

| | |
|---|---------------------------------------|
| NET PAY (100% of pay OR remaining balance after taxes) | |
| Bank Name | Routing # |
| | Account # |
| | Check one: Checking Savings |

| | |
|--|---------------------------------------|
| FLAT AMOUNT #1 (optional) please indicate amount: | \$ |
| Bank Name | Routing # |
| | Account # |
| | Check one: Checking Savings |

| | |
|--|---------------------------------------|
| FLAT AMOUNT #2 (optional) please indicate amount: | \$ |
| Bank Name | Routing # |
| | Account # |
| | Check one: Checking Savings |

| | |
|--|---------------------------------------|
| FLAT AMOUNT #3 (optional) please indicate amount: | \$ |
| Bank Name | Routing # |
| | Account # |
| | Check one: Checking Savings |

Please note: this form must be submitted to the Payroll Department IN PERSON