

MANDATORY----- DIRECT DEPOSIT ENROLLMENT/CHANGE FORM

*DIRECT DEPOSIT IS THE ONLY FORM OF PAYMENT FROM THE WEST POINT CONSOLIDATED SCHOOL DISTRICT; THEREFORE, THIS IS A REQUIRED FORM****

Complete the form below and return to the Central Office, ATTN: PAYROLL.

- ATTACH A VOID CHECK FOR CHECKING ACCOUNT (S).
- ATTACH A DEPOSIT SLIP WITH ROUTING NUMBER FOR SAVINGS ACCOUNT (S).

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (ACH CREDITS)

I hereby authorize West Point Consolidated School District; hereinafter called THE DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my **checking account or savings account** listed below. I understand and agree that if proper documentation, such as a void check, is not provided with this form and the information provided below is incorrect, this will cause my payroll deposit to be delayed, possibly until the next payroll period.

NAME OF BANK: _____ CITY, STATE: _____
ROUTING NUMBER: _____ ACCOUNT NO. _____
AMOUNT (-or- ALL): _____
PLEASE CIRCLE WHETHER: CHECKING -or- SAVINGS ACCOUNT

NAME OF BANK: _____ CITY, STATE: _____
ROUTING NUMBER: _____ ACCOUNT NO. _____
AMOUNT (-or- REMAINDER): _____
PLEASE CIRCLE WHETHER: CHECKING -or- SAVINGS ACCOUNT

NAME OF BANK: _____ CITY, STATE: _____
ROUTING NUMBER: _____ ACCOUNT NO. _____
AMOUNT (-or- REMAINDER): _____
PLEASE CIRCLE WHETHER: CHECKING -or- SAVINGS ACCOUNT

This authorization is to remain in full force and effect until the DISTRICT has received written notification from me of its termination in such time and in such manner as to afford the DISTRICT and the DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE

NAME: _____ SS#: _____
(PLEASE PRINT)

DATE: _____ SIGNATURE: _____