



Waverly-Shell Rock Community School District

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **Waverly-Shell Rock Community School District** to initiate automatic deposits to my account at the financial institution named below and to make withdrawals from this account in the event that a credit entry is made in error. I also authorize **Waverly-Shell Rock Community School District** to email paystubs to the email address provided below.

Further, I agree not to hold **Waverly-Shell Rock Community School District** 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 **Waverly-Shell Rock Community School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

You have the option to direct deposit to more than one account and more than one bank or institution. Direct Deposit notifications will be sent by email unless a special circumstance exists.

Signature and Email

Email (Primary): _____

Email (Other): _____

Employee Name (Please Print): _____

Authorized Signature: _____ Date: _____

****Please attach a voided check or deposit slip for each account.****

Account #1 Information

Name of Financial Institution: _____

Routing Number: _____ Checking Savings

Account Number: _____ Amount: _____ (\$ or 'balance')

Account #2 Information (Optional)

Name of Financial Institution: _____

Routing Number: _____ Checking Savings

Account Number: _____ Amount: _____ (\$ or 'balance')

Account #3 Information (Optional)

Name of Financial Institution: _____

Routing Number: _____ Checking Savings

Account Number: _____ Amount: _____ (\$ or 'balance')