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Assistant Superintendent

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Business Manager / Board Secretary

Direct Deposit Agreement Form

Authorization Agreement

I wish to participate in the automatic payroll deposit program. I understand that the entire cost for this service will be paid by the Western Wayne School District. I also understand that I will continue to receive a statement of earnings and payroll deductions each payday.

I hereby authorize the Western Wayne School District to make an automatic direct deposit of my total net pay to the account and financial institution indicated below. This authorization will remain in effect until such time as the payroll department receives written notification in writing from me of its termination. Any such termination notification shall become effective upon receipt by the payroll department and following a reasonable period for its implementation.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

[]

[]

Signature

Authorized Signature: _____ Date: _____

Full Name (Please Print) _____ Date: _____

Please attach a voided check and return this form to the District Office, Attn: Human Resources.

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