



## Washington Elementary School District #6 Direct Deposit

Complete this form to START, CHANGE, or STOP your payroll direct deposit.

Important requirements regarding direct deposit;

You may attach a voided check or direct deposit printout from your bank along with this form. If no attachment, your signature below attests that your account information is accurate. Inaccurate information will result in a rejection from the bank.

When **starting** or **changing** direct deposit please note it will take **two** payroll cycles for your direct deposit to be effective. *The first check after submission will be a live check.* Please notify Payroll immediately when changing or inactivating bank accounts. Insufficient notice may delay your pay.

Verbal notifications are not accepted in lieu of this form.

WESD Payroll staff may contact you by phone to verify submission and the information listed on the form.

All direct deposit pay advices are sent electronically to your WESD email address. **Your password to view your paystub is the last four of your social security number**



Employee Number:	Employee Name:	Work phone: (602)
Check one: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change	Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Check one: <input type="checkbox"/> 100% of Check <input type="checkbox"/> <b>Amount in dollars:</b> \$ _____
Name of Financial Institution:		
Account Number:		Routing Number:
Check one: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change	Check one: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Remaining balance of check after all deductions and any direct deposit designated dollar amounts elected
Name of Financial Institution:		
Account Number:		Routing Number:
<i>I hereby authorize Washington School District #6 to initiate credit entries and/or make corrections to the account indicated above. This authorization will remain in effect until written notification from me of its termination is submitted. I understand that my participation in this program may be terminated if my wages are garnished or assigned.</i>		
Signature:		Date: