

- NEW
- CHANGE
- ADDITIONAL ACCT

DIRECT DEPOSIT AUTHORIZATION FORM

Name _____

AMOUNT \$ _____
OR % _____

Employee # _____

I (we) hereby authorize Anthony Wayne Local Schools to initiate credit entries and if necessary, debit entries for any credit entries made in error, to my (our):

- CHECKING ACCOUNT
- SAVINGS ACCOUNT

Bank name _____

Branch _____ State _____ Zip _____

Transit/Routing # _____ Account # _____

For an additional accounts, fill in below

AMOUNT \$ _____
OR % _____

- CHECKING ACCOUNT
- SAVINGS ACCOUNT

Bank name _____

Branch _____ State _____ Zip _____

Transit/Routing # _____ Account # _____

AMOUNT \$ _____
OR % _____

- CHECKING ACCOUNT
- SAVINGS ACCOUNT

Bank name _____

Branch _____ State _____ Zip _____

Transit/Routing # _____ Account # _____

Direct deposit notices can be emailed to:

EMAIL ADDRESS _____

This authority is to remain in full force and effective until written notification has been received from me (us) of its change and/or termination by which said request would be made in a timely manner.

Date _____ Employee Signature _____

Please attach a voided check/deposit slip for desired account type(s).

