



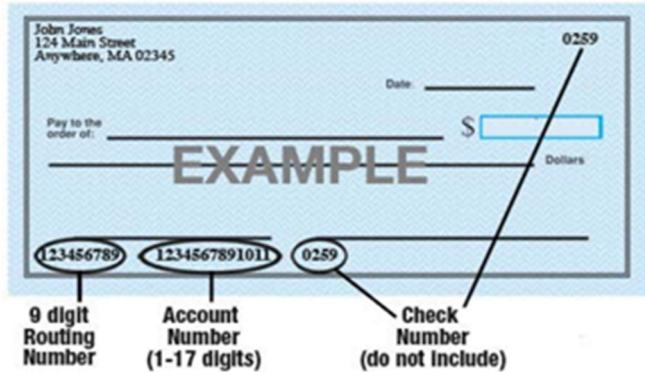
WAYNE LOCAL SCHOOL DISTRICT
DIRECT DEPOSIT AUTHORIZATION

PLEASE PRINT AND COMPLETE ALL THE INFORMATION BELOW.

Name: _____

Address: _____

Email Address for Direct Deposit Notice: _____



Amount: \$ _____ or _____ %

Type of Account (check one): ___ Checking ___ Savings

Name of Bank: _____

ABA Bank Routing Number (9 digits) _____

Account Number _____

(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)

Amount: \$ _____ or _____ %

(If fixed amount above and you want the remainder to go into this account, please indicate 100%)

Type of Account (check one): ___ Checking ___ Savings

Name of Bank: _____

ABA Bank Routing Number (9 digits) _____

Account Number _____

(Enter the above information from the bottom of your check or savings deposit slip, do not include the check number)

Wayne Local Schools is hereby authorized to directly deposit my pay to the account(s) listed above. This authorization will remain in effect until I modify or cancel it in writing. If any of the below information changes, I will promptly complete a new authorization agreement.

Employee Signature

Date