

Authorization for Direct Deposit of Payroll

Westwood Community School District

Employee Name _____

Employee # _____

Social Security # _____

_____ Start _____ Cancel

NOTE: A copy of a voided or canceled check must be attached to all requests for start or cancellation.

Banking Information

Financial Institution _____

Routing & Transit # _____

Account # _____ Checking _____ Savings _____

I hereby authorize Westwood Community School District to deposit the amount of my payroll earnings into the account listed above and, if necessary, debit entries or adjustments for any deposits made in error to my account. This authorization shall remain in full force and effect until such time I notify Westwood Community School District in writing - - using a copy of this and indicating cancellation - - that this authorization is terminated. I understand that the payroll deposits made by Westwood Community School District on my behalf are subject to the rules and regulations governing the account(s) which have been established by my bank. I agree to hold my bank and Westwood Community School District harmless of the acts or omissions on its part, except in those instances in which it has been found grossly negligent in its duties.

Employee Signature _____ Date _____