



## Direct Deposit Form

### AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS (CREDITS)

Please complete the Authorization Form in its entirety.

**A VOIDED CHECK, PHOTOCOPY, OR AUTHORIZATION FROM YOUR BANK IS REQUIRED TO ENSURE PROPER ROUTING OF YOUR DEPOSIT TO YOUR CHECKING ACCOUNT. A DEPOSIT SLIP OR AUTHORIZATION FROM YOUR BANK IS NEEDED FOR SAVINGS.**

I hereby authorize the SCHOOL DISTRICT OF WEST ALLIS-WEST MILWAUKEE, ET AL, hereinafter called DISTRICT, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

\_\_\_\_\_  
Depository Name (Bank/Credit Union)

\_\_\_\_\_  
Trans/ABA Number (9 Digits -Left of account number on check)

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Account Number (Regular Account No.)

TYPE OF ACCOUNT (SELECT ONE)

\_\_\_\_\_ Checking      \_\_\_\_\_ Savings

This authority is to remain in full force and effect until the DISTRICT has received written notification from me of its termination in such time and in such manner as to afford the DISTRICT and the DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date