

WHEATLAND SCHOOL DISTRICT
DIRECT DEPOSIT PAYROLL AUTHORIZATION

INSTRUCTIONS:

Please fill out this form and attach a voided check to complete your authorization for automatic payroll deposits. Return this form with the attached voided check or savings account deposit slip to the Payroll Department.

ABOUT THE EMPLOYEE:

Employee Name

I hereby authorize Wheatland School District to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (check one) _____ Checking _____ Savings indicated below and the depository name below, to credit and/or debit the entries to such account.

ABOUT THE DEPOSITORY: (TAPE VOIDED CHECK HERE)

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

Employee Signature

Date