

West Geauga Local School District

DIRECT DEPOSIT AUTHORIZATION FORM

EMPLOYEE NAME: _____

SOCIAL SECURITY NO: _____

PLEASE BEGIN DIRECT DEPOSIT

CANCEL DIRECT DEPOSIT

PLEASE COMPLETE THE INFORMATION LISTED BELOW:

Financial Institution: _____

Branch: _____

Transit/ABA No. _____ Account No. _____
(Nine (9) digit number at the bottom of check or deposit slip)

Type of Account Checking Attach a blank, voided check \$ _____ OR Whole Check

 Savings \$ _____ OR Whole Check

Additional Account Information

Financial Institution: _____

Branch: _____

Transit/ABA No. _____ Account No. _____
(Nine (9) digit number at the bottom of check or deposit slip)

Type of Account Checking Attach a blank, voided check \$ _____ OR Whole Check

 Savings \$ _____ OR Whole Check

Date: _____

Employee Signature: _____

As banks/institutions will review and verify all new direct deposit information, your first paycheck will usually be a "live" check. Actual direct deposits usually begin with your second paycheck after an authorization for direct deposit has been submitted.

Return this form to the Payroll Office
West Geauga Local School District