

Wellington Exempted Village School District - Authorization for Direct Deposits

New Enrollment

Change Current Enrollment

Verify Enrollment

To enroll in Direct Deposit, please complete this form and return to the Treasurer's office.
For each checking account, please attach a **voided check** to verify the account numbers. A deposit slip cannot be used.
For each savings account, ask your bank to give you the **Routing / Transit Number** for your account. A deposit slip cannot be used.

The Treasurer's office or your bank can assist you to find the necessary information.

Direct Deposit Authorization

I hereby authorize Wellington Exempted Village School District to deposit any amounts owed to me by initiating credit entries to my account(s) at the financial institutions indicated on this form. Further, I authorize my financial institution to accept and to credit any entries indicated by Wellington Exempted Village School District to my account(s). In the event that Wellington Exempted Village School District deposits funds erroneously into my accounts(s), I authorize Wellington Exempted Village School District to debit my account(s) for an amount not to exceed the original amount of the erroneous credit.

I understand that as an employee of the Wellington Exempted Village School District that it is my responsibility to verify that any amounts owed have been directly deposited to my account(s) and that any discrepancies are reported to the Treasurer's office within three (3) business days.

This authorization is to remain in full force and effect until Wellington Exempted Village School District receives written notice from me requesting that all direct deposits to my account(s) be changed or cancelled.

Employee Signature

Employee Name (printed)

Date

Soc. Sec. No.

Phone No.

Account Information

You may choose up to three(3) accounts. (Your last item must be for the remaining amount owed to you.)

- 1) Bank Name/City/State: _____
Bank Phone Number: _____
Routing/Transit Number: _____
Account Number: _____
Amount to Deposit: _____ Account type (Checking/Savings): _____
- 2) Bank Name/City/State: _____
Bank Phone Number: _____
Routing/Transit Number: _____
Account Number: _____
Amount to Deposit: _____ Account type (Checking/Savings): _____
- 3) Bank Name/City/State: _____
Bank Phone Number: _____
Routing/Transit Number: _____
Account Number: _____
Amount to Deposit: _____ Account type (Checking/Savings): _____

Full-time employees will receive electronic notification of their paycheck information via the Wellington Exempted Village School Network email address. A second email address may be provided for this notification to be sent to a home or personal email account. Please provide below.

Part-time or substitute employees must provide a personal email address for this notification.
