DIRECT DEPOSIT OF PAYROLL AUTHORIZATION FORM

I, _Samantha Miller_____, hereby authorize the___WSWSU_____ School District to automatically deposit into my bank account(s) the total net amount of my paycheck. Said authorization will remain in effect until cancellation in writing. All cancellations must be received in the Superintendent's office at least ten (10) days before you wish to discontinue the automatic depositing service. Your check may be deposited between two (2) account

1. Bank Name:_Brattelboro Savings and Loan_____ Checking___x_____ or Savings_____
Money Markets are considered checking accounts.

Bank Address:___108 E Main ST Wilmington Vermont 05363_____

Amount: **100% Net**

Employee's Bank Account Number:___500749914_____

Bank Routing Number:_____211672476_____

2. Bank Name:_____ Checking_____ or Savings_____
Money Markets are considered checking accounts.

Bank Address:_____

Amount: _____

Employee's Bank Account Number:_____

Bank Routing Number:_____

I hereby acknowledge that I have signature authority on the above bank accounts(s) and agree that this Direct Deposit authority will remain in effect indefinitely, unless and until I provide written notice of cancellation to the Windham Southwest Supervisory Union.

OPTIONAL (<u>NOT REQUIRED</u>): YOU MAY ENCLOSE A VOIDED CHECK, IF YOU'D LIKE, WHICH SHOWS YOUR ACCOUNT NUMBER AND THE BANK ROUTING NUMBER FOR EACH ACCOUNT YOU WISH TO DEPOSIT TO.

Email address for electronic paystub delivery (if you do not have a school email address):

_____

Your password will be: Pay$ and the last 4 digits of your social security number. For example, if your social security number is 123-45-6789, your password will be Pay$6789. Passwords are case sensitive.

___Samantha Miller_____ ___Samantha Miller_____

Print Name Signature

OFFICE USE ONLY

Date: _____