

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (ACH CREDITS)

EMPLOYER NAME – Wayne County Joint Vocational School District

I hereby authorize my EMPLOYER (name above) to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my (our) account or accounts listed below.

Financial Institution Name	ABA#	Acct #	Type of Account
_____	_____	_____	_____CHK _____SAV
Location _____	_____	_____	_____ % _____AMT
_____	_____	_____	_____CHK _____SAV
Location _____	_____	_____	_____ % _____AMT

E-MAIL ADDRESS: _____
Your pay statement will be e-mailed

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

NAME _____ SS# _____

DATE _____ SIGNATURE _____

- *Nine digit number that appears on the bottom of a financial institution deposit slip.
- ** This is where you designate a percentage or fixed amount to be automatically deposited.
Percentages must add up to 100%

WILL NEED A VOIDED CHECK AND A DEPOSIT TICKET