

Winchester Public Schools

Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize the **Winchester Board of Education** to initiate automatic deposits to my account at the financial institution named below. I also authorize the **Winchester Board of Education** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold the **Winchester Board of Education** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until the **Winchester Board of Education** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____ Amount: _____

Account Number: _____
Checking Savings

Signature

Print Name: _____ Date: _____

Authorized Signature : _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Please note that this process will go into effect in 3-4 weeks. On the first pay date following the submission of this form, a pre-note will be sent to your bank to verify account numbers. Your direct deposit will then go into effect for the payroll following the pre-note, assuming all information is correct.