

# WCASD DIRECT DEPOSIT FORM

The WCASD requires all employees to sign up for direct deposit. The District currently allows your deposit to be made to **ONE** bank account.

- Please complete, sign and date Step 1.
- For a **checking account**: Please attach a voided check to the form and return to the payroll department.
- For a **savings account**: In addition to Step 1, please have a bank representative complete Step 2. Return to the payroll department.

If you have any questions, please contact the payroll department.

Thank you



# West Chester Area School District

## DIRECT DEPOSIT FORM

The WCASD requires all employees to sign up for direct deposit. By signing up for direct deposit you agree to electronic paystubs via district email. The District currently allows your deposit to be made to only **ONE** account. For a checking account, please complete Step 1 of the form, **ATTACH A VOIDED CHECK** and return to the Payroll department. For a Savings Account, please take the form to the bank and have Step 2 completed by a bank representative and then return to the Payroll Department.

<b>Step 1</b>	<b>Please complete and attach a copy of a voided check - Checking Account</b>		
<b>Circle (One Only)</b>	New Enrollment		Change
<b>Fill out completely (Please print)</b>	Employee #	School/Building	
	Last Name	First Name	M.I.
	Employee Signature		Date

<b>Step 2</b>	<b>To be completed by a bank representative for Savings Account Only</b>											
We, the below designated financial organization, hereby agree to receive and deposit sums for the payee named herein, in accordance with NACHA Rules and Guidelines. We understand that our account shown for the payee named herein will be included on individual payment credit and debit adjustments to the account. We understand that the payee named herein has the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee.												
<b>To be completed by Financial Organization for Savings Account Only</b>	Bank Name	Branch	Telephone									
	Address	State	Zip Code									
	Authorized Signature	Title	Date									
	ABA Routing/Transit Number											
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>											
Savings Account Number												

<b>Step 3</b>	Employee: When completed please <b>RETURN TO PAYROLL</b>
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I hereby authorize West Chester Area School District (WCASD) to initiate credit entries to my account indicated above and the financial organization named above, herinafter called the Receiving Bank to credit the same to such account. Charges to said account initiated by WCASD may only be made to reverse credit amounts erroneously posted. This authorization is to remain in full force and effect until WCASD has received written notification from me of cancellation in such a time and in such a manner as to afford WCASD a reasonable opportunity to act upon it.