

**AUTHORIZATION AGREEMENT FOR
PAYROLL DIRECT DEPOSIT**

I (we) hereby authorize the Wilmington City School District, hereinafter called
DISTRICT, to initiate electronic entries in my (our)

_____Checking _____Savings

account indicated below and the Financial Institution named below to credit and/or debit
the same to such account.

FINANCIAL INSTITUTION NAME _____

ROUTING/TRANSIT NUMBER _____
(ACH number of the financial institution)

ACCOUNT NUMBER _____

The authority is to remain the full force and effect until the **DISTRICT** has received
written notification from the employee of its termination in such time and in such
manner as to afford the **DISTRICT** and **FINANCIAL INSTITUTION** a reasonable
opportunity to act on it. When requesting the direct deposit, please note that the
first pay after request is a trial pre-note to test the account numbers and routing.
Only after successful trial will your pay be direct deposited.

NAME _____ **SSN** _____ - _____ - _____

SIGNATURE _____

**YOU MAY ALSO RECEIVE YOUR DIRECT DEPOSIT STUB BY E-MAIL
RATHER THAN BY MAIL (OR INTER-OFFICE MAIL). YOU WILL RECEIVE
YOUR E-MAIL ON THURSDAY AFTERNOON BEFORE PAY DAY. PLEASE
ENTER E-MAIL ADDRESS BELOW OR DECLINE, IF YOU DO NOT WISH TO
HAVE THIS SERVICE.**

E-MAIL ADDRESS _____

**TO BE COMPLETED BY THE EMPLOYEES DEPOSITORY INSTITUTION
OR ATTACH A VOIDED CHECK**

I certify that the above routing/transit number and account number are valid, and
we are an ACH member.

NAME _____ **PHONE**(_____) _____ - _____

TITLE _____ **INSTITUTION** _____