

**WAYNE TRACE LOCAL SCHOOLS  
DIRECT DEPOSIT**

**EMPLOYEE NAME:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

(Only complete email addresses if you wish your direct deposit notice emailed to you)

The number of direct deposits is limited to two (2) financial institutions and no more than two (2) separate accounts at each of these institutions or one (1) financial institution with a maximum of four (4) separate accounts.

Deductions must equal 100% of pay. Bank information must be completed in full.

Please identify one (1) primary account and up to three (3) alternate accounts. Your alternate accounts must be fixed amounts per pay period with the balance being deposited into your primary account.

EXAMPLE: Your net pay is \$500.00 and you have \$25.00 deposited into alternate account #1, \$50.00 into alternate account #2 the remaining \$425.00 would be deposited into your primary account.

**\*\*\*ATTACH A CANCELLED or PHOTOCOPY OF A CHECK FOR CHECKING ACCOUNT DEPOSITS\*\*\***

**ALL BANK INFORMATION IS REQUIRED**

**PRIMARY ACCOUNT:**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

Type of Account:      Checking      Savings

**ALTERNATE ACCOUNT #2:**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

Type of Account:      Checking      Savings

Amount: \_\_\_\_\_

**ALTERNATE ACCOUNT #1:**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

Type of Account:      Checking      Savings

Amount: \_\_\_\_\_

**ALTERNATE ACCOUNT #3:**

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Bank Routing Number: \_\_\_\_\_  
Bank Account Number: \_\_\_\_\_

Type of Account:      Checking      Savings

Amount: \_\_\_\_\_

I hereby authorize Wayne Trace Local School District, herein after called "ORIGINATOR", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entry made in error to my account listed above. This authorization will remain in full force and effect until ORIGINATOR has received written notice from me of its termination in such time and in such manner as to afford the ORIGINATOR and State Bank a reasonable opportunity to act on it. This arrangement may also be terminated by the ORIGINATOR or State Bank at any time.

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_