

WEST JEFFERSON HILLS SCHOOL DISTRICT  
DIRECT DEPOSIT AUTHORIZATION

**INITIATE/CHANGE**

Employee Name: \_\_\_\_\_

Authorized Action: \_\_\_\_\_ Initiate Direct Deposit

\_\_\_\_\_ Change Direct Deposit

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking (**you must attach a voided check**)

\_\_\_\_\_ Savings (**you must attach a deposit slip**)

*I HEREBY AUTHORIZE WEST JEFFERSON HILLS SCHOOL DISTRICT TO DEPOSIT MY NET EARNINGS DIRECTLY INTO MY BANK ACCOUNT.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**STOP DIRECT DEPOSIT**

*I HEREBY AUTHORIZE WEST JEFFERSON HILLS SCHOOL DISTRICT TO **STOP** DIRECT DEPOSIT OF MY NET EARNINGS DIRECTLY INTO MY BANK ACCOUNT.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_