

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: _____

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: _____