

Employee Name _____
(Please Print)

DIRECT DEPOSIT AUTHORIZATION FORM

Wausau School District
415 Seymour Street
P. O. Box 359
Wausau, WI 54402-0359

I hereby authorize the Wausau School District, hereafter called Company, to initiate credit entries for the amount of my net payroll and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking /or Savings account indicated below and the depository named below, hereinafter called Depository, to credit the same to such account.

1. NAME OF YOUR FINANCIAL INSTITUTION:

CITY: _____ STATE: _____

TRANSIT/ABA No. _____
(PLEASE ATTACH A VOIDED CHECK ALONG WITH THIS AUTHORIZATION FORM)

Primary Account # Checking/Savings (Circle One) _____
Your net payroll will go into your primary account unless you use both a primary account and a secondary account. If both accounts are used your net payroll less the amount going into your secondary account will go into your primary account.

And (Optional Secondary Account)
This Account must be at the same Financial Institution as the Primary Account.
Per Community Credit Union, members should not use a Secondary Account.

Secondary Account # Checking/Savings (Circle One) _____
If a secondary account is being used you must enter an amount: \$ _____
The amount you enter for your secondary account will reduce the amount going to the primary account.

This authority is to remain in full force and effect until Company receives written notification from me to discontinue the pre-authorized deposit. It is the employee's responsibility to notify the Wausau School District of any change in financial institution information. A \$10 fee will be assessed for deposits returned as a result of failure to notify the Wausau School District of any changes to financial institution information.

Employee Signature

Date