



Administrative Form PAY-F001
AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Responsible: Office Business and Financial Services, Payroll Department

Procedure:

- 1. Employees may add and change Direct Deposit information by using Employee Online at https://www.washoeschools.net/Domain/266.
2. All forms are to be turned in to the Payroll Department by the last day in a pay period for changes to effect for that pay date.
3. Employees are allowed to have funds deposited into a maximum of two (2) accounts.
4. ATTACH A VOIDED CHECK FOR ALL CHECKING ACCOUNTS.

PRIMARY ACCOUNT (select one): \_\_\_ Checking \_\_\_ Savings

% of pay to this account: \_\_\_% OR flat amount to this account: \_\_\_

Name of Bank or Credit Union: \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number Information \_\_\_\_\_

SECONDARY ACCOUNT (select one): \_\_\_ Checking \_\_\_ Savings

% of pay to this account: \_\_\_% OR flat amount to this account: \_\_\_

Name of Bank or Credit Union: \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Account Number Information \_\_\_\_\_

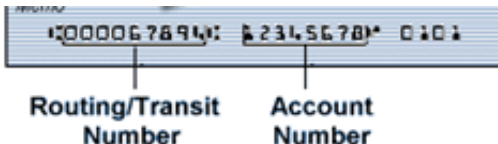
Name: \_\_\_\_\_ School/Dept: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Last 4 of SSN #: \_\_\_\_\_

I hereby authorize Washoe County School District ("WCSD") to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (accounts) indicated above and the depository institution named above to credit and/or debit the same to such account. This authority is to remain in full force and effect until WCSD has received written notification from me of its termination in such time and such manner as to afford WCSD and Depository a reasonable opportunity to act on it.

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_



PAYROLL DEPARTMENT USE ONLY
Date Request Received: \_\_\_\_\_
Processed By: \_\_\_\_\_