

Direct Deposit Authorization Form

The Neenah Joint School District is pleased to offer the option of Direct Deposit (electronic transfers) to all employees and vendors. Complete this form to enroll in Direct Deposit or to make changes to an existing Direct Deposit.

Section 1 - Authorization Agreement

I hereby authorize the **Neenah Joint School District** to initiate direct deposits by electronic transfer to my account at the financial institution specified below. I also authorize the **Neenah Joint School District** to make debits or take other correction action, if necessary, from this account in the event that money is deposited into my account in error. Further, I agree not to hold the **Neenah Joint School District** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until the **Neenah Joint School District** receives a written notice of cancellation from me or my financial institution, or until I submit a new Direct Deposit Authorization Form.

IMPORTANT NOTES TO EMPLOYEES ONLY:

Check one box below

- Use this Financial Institution and account number for BOTH Payroll and Accounts Payable Reimbursable Expenses*
- Use this Financial Institution and account number for Payroll only
- Use this Financial Institution and account number for Accounts Payable Reimbursable Expenses* only

* Reimbursable expenses include mileage, workshop/conference and supply reimbursements

Section 2 - Account Information

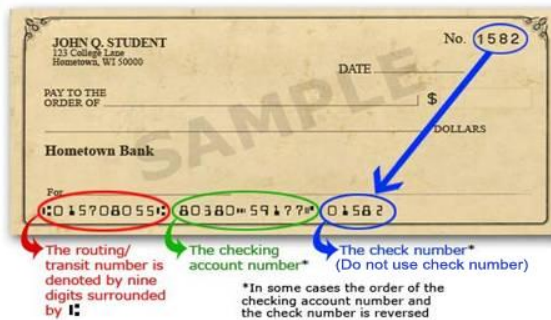
Financial Institution/Bank: _____

Routing Number: _____ (9-digits)

Account Number: _____

Checking Savings

(Check with your financial institution to authenticate)



Do not copy this information from your deposit slips!

Section 3 (Please print clearly)

Name/Vendor: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email address for notification (required): _____

Signature: _____ Date: _____

Return form to:

**NEENAH JOINT SCHOOL DISTRICT
 PAYROLL OFFICE
 410 S COMMERCIAL STREET
 NEENAH WI 54956**