

Complete this form to enroll in Direct Deposit (ACH Credits) or to make changes to an existing Direct Deposit.

## **Section 1 – Authorization Agreement**

I hereby authorize *Neenah Joint School District* (hereinafter "Employer") to initiate direct deposits by electronic transfer to my account at the financial institutions (hereinafter "Bank") specified below. Further, I authorize Employer 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 Employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my Bank or due to an error on the part of my Bank in depositing funds to my account.

This agreement will remain in effect until Employer receives a written notice of cancellation from me or my Bank, or until I submit a new Direct Deposit Authorization Form.

Furthermore, I authorize *Neenah Joint School District* to solely provide my payroll stubs electronically through my secured employee access in Skyward.

## **Section 2 – Account Information**

Make sure to indicate what kind of account, along with amount to be depo	osited if less than your total net paycheck.
Account #1 Account Type (check one): Checking Savings Institution Name: Bank Routing #/ ABA#:	
Amount to be Deposited to this Account: Total Net Amount	
Account #2 (Dollar amount to be deposited to this account) Account Type (check one): Checking Savings	
Institution Name:	_
Bank Routing #/ ABA#:	Account #:
Amount to be Deposited to this Account:	(Check with your financial institution to authenticate)
Section 3 (Please	e print clearly)
Name:	
Email address for notification (required):	
Signature:	Date:

Return form to along with Voided Check or Bank Documentation for Savings Accounts to:

Neenah Joint School District PAYROLL OFFICE 410 S COMMERCIAL STREET NEENAH WI 54956