



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.

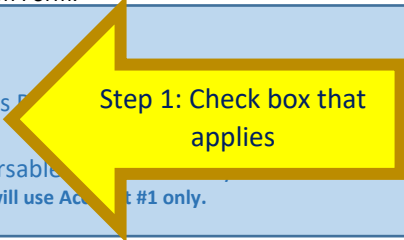
Section 1 – Authorization Agreement

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 **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
 - Use this Financial Institution and account number for Payroll only
 - Use this Financial Institution and account number for Accounts Payable Reimbursable
- * Reimbursable expenses include mileage, workshop/conference and supply reimbursements and will use Account #1 only.



Section 2 – Account Information

Account #1 (Net pay to be deposited to this account)

Account Type (check one): Checking Savings

Institution Name: Whoville National Bank

Bank Routing #/ ABA#: 123456789 Account #: 123456

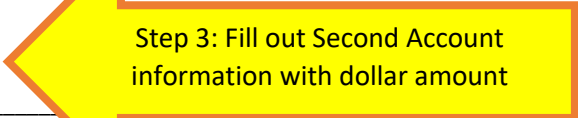
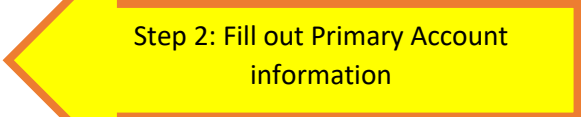
Account #2 (Dollar amount to be deposited to this account)

Account Type (check one): Checking Savings

Institution Name: Whovier Credit Union

Bank Routing #/ ABA#: 987654321 Account #: 987654

Amount to be Deposited to this Account: \$50.00



(Check with your financial institution to authenticate)

Section 3 (Please print clearly)

Name/Vendor: Cindy Lou Who

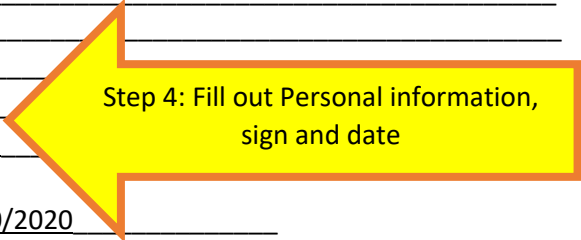
Address: 2715 Piney Wood Dr

City/State/Zip: Whoville, WI 12354

Telephone: _____

Email address for notification (required): cindylouwho@grinch.com

Signature: Cindy Lou Who Date: 12/10/2020



Return form to:

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