

Electronic Funds Transfer (Direct Deposit) Agreement Waverly Community Schools

Application Type: NEW CHANGE CANCEL

Name		Phone	
Residential Address	City	State	Zip
Email address for payroll stub delivery			

Routing Number (usually left lower corner of check or deposit slip – contact Financial Institution for confirmation)										
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Account Number (Do not include spaces)																				
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Checking **or** Savings (if more than one box is checked, form will be returned)

Financial Institution Name		Phone ()	
Address	City	State	Zip

I authorize Waverly Community School to deposit my **net pay** (*circle*) or \$_____ by electronic transfer into the designated financial institution and account. I understand this authorization remains in effect until canceled by: (a) me; (b) my death or legal incapacity; (c) the financial institution; or (d) Waverly Community Schools.

If funds are mistakenly deposited into my account, I authorize Waverly Community Schools to deduct the amount in error from my account or from future payments. It is agreed that these deposits and adjustments may be made electronically and under the rules of the National Automated Clearing House Association.

I agree to notify Waverly Community Schools in writing and in advance of any and all changes that I wish to take effect.

I agree to comply with the State of Michigan rules about electronic transfers. Michigan law governs electronic fund transactions in all respects as otherwise superseded by federal law.

I understand that it will take two (2) pay checks for the direct deposit to become effective. The first pay check will be a test file to the financial institution to check for errors. If no errors are received, the next pay check will be direct deposited.

The password to open my check stub attachment is the last 4 digits of my Social Security number.

Signature

Date