

**WAYNE COUNTY SCHOOLS**  
**Direct Deposit Authorization Form**

**NAME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**EMPLOYEE ID:** **98900-**\_\_\_\_\_

**NAME OF BANK:** \_\_\_\_\_

**ACCOUNT NO:** \_\_\_\_\_

ATTACH VOIDED CHECK HERE

**A VOIDED CHECK must be attached to this form and returned to the Finance Department at least 5 days prior to pay date in order for change to take effect.**

\_\_\_\_\_  
**Signature**