DIRECT DEPOSIT FORM

TO BE COMPLETED BY EMPLOYEE

Windham Southeast Supervisory Union, Windham Southeast School District & Vernon School District

→ PLEASE ATTACH REQUIRED PROOF OF ACCOUNT

FOR CHECKING ACCOUNT:	A FORM IMPRINTED WITH EMPLOYEE NAME, ACCOUNT #, NAME OF FINANCIAL INSTITUTION AND BANKS ABA/RTN e.g., VOIDED CHECK, OR TOP PORTION OF YOUR STATEMENT, OR YOUR BANKS ONLINE DIRECT DEPOSIT FORM ALONG WITH OUR FORM SIGNED BY YOU.
FOR SAVINGS ACCOUNT:	COPY OF PASSBOOK, TOP OF STATEMENT OR OTHER FORM IMPRINTED WITH EMPLOYEE NAME, NAME OF FINANCIAL INSTITUTION AND ACCOUNT #.
Full Name:	
Personal or work email addr	ess:
Last 4 digits of SS#:	xxx-xx
EmployER Name (circle one	: WSESU WSESD Vernon
Employee work site (school):	
Financial Institution:	
ABA/RTN (Number of Fina	ncial Institution):
Employees' Account Number	er:
Account Type:	Circle One→ Checking Savings
Indicate Type of Deposit:	Net Pay or Fixed Amount of \$ (fill in amt)
Indicate if a change:	CancelChange fixed amount to \$
Effective Date:	/ or next available payroll
Employee's Signature:	
Date:	/

PLEASE RETURN THE COMPLETED FORM TO THE CENTRAL OFFICE PAYROLL DEPARTMENT.

FORMS MISSING REQUIRED INFORMATION WILL BE RETURNED TO THE EMPLOYEE FOR COMPLETION PRIOR TO PROCESSING BY THE PAYROLL DEPARTMENT. THANK YOU FOR YOUR COOPERATION.