

WAKEFIELD SCHOOL DISTRICT

DIRECT DEPOSIT FORM

I \_\_\_\_\_ authorize the Wakefield School District to direct deposit my check into the following bank/credit union:

**1<sup>st</sup> Deposit**

Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking      Savings

Amount: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**2<sup>nd</sup> Deposit**

Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking      Savings

Amount: \_\_\_\_\_

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*\*Please attach a voided check (if able to) and/or something from your bank showing routing and account number. Deposit slips will not be accepted.  
\*\*Please be aware that all new direct deposit setups take 2 to 3 payroll cycles to take effect.*

**Paperless Statement: provide an email address below**

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