

## *Authorization Agreement for Automatic Deposit of Pay*

*Washington County Public Schools  
10435 Downsville Pike  
Hagerstown, MD 21740*

(Replaces Current Bank Information)

Employee Name (Printed) \_\_\_\_\_

Employee Identification Number **5** \_\_\_\_\_ (Not Social Security Number)

\_\_\_\_\_ Please initial to **STOP** ALL direct deposit distributions. Do not complete ANY bank information.

**DEFAULT ACCOUNT (100% OF NET PAY):**

Bank Name \_\_\_\_\_

Bank Routing (ABA) Number \_\_\_\_\_ (9 Digits)

Bank Account Number \_\_\_\_\_

Checking  OR Savings

**SECOND ACCOUNT (Optional):**

Bank Name \_\_\_\_\_

Bank Routing (ABA) Number \_\_\_\_\_ (9 Digits)

Bank Account Number \_\_\_\_\_

Checking  OR Savings

Amount \$ \_\_\_\_\_ OR \_\_\_\_\_ % of Pay

I hereby authorize the Washington County Public Schools to deposit my pay to the above bank(s). This authorization agreement is to remain in force and effect until my employer has received written notification of its termination from me, in such a manner as to afford Washington County Public Schools reasonable opportunity to act on it. In the event that the Accounting (Payroll) Department notifies the bank that funds to which I am not entitled have been deposited to my account inadvertently, I hereby authorize the bank to return said funds to the Accounting Department of Washington County Public Schools as soon as possible.

If you have any questions, please contact Payroll at (301) 766-2833, (301) 766-2834, or (301) 766-2835. Return this form to Payroll.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*DO NOT SCAN\*\*\*  
FAX 301-766-2839**