



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

THE WCPSS BOARD OF EDUCATION REQUIRES ALL EMPLOYEES TO RECEIVE WAGES BY DIRECT DEPOSIT.
EMPLOYEES MUST COMPLETE THIS FORM AND RETURN TO COMPENSATION SERVICES FOR PROCESSING.

- START** direct deposit for the first time
- CHANGE** (close old account and open new account)

Please provide the following information:

Employee Name: _____

SSN (last 5 digits) _____ School / Department _____

- Deposit to Checking Account (Attach a voided check)
- Deposit to Savings Account (Form must be completed by financial institution)

**IF YOU DO NOT HAVE A PRE-PRINTED FORM,
THE FOLLOWING MUST BE COMPLETED BY YOUR FINANCIAL INSTITUTION**

NAME OF BANK _____

BANK ADDRESS _____
CITY STATE ZIP

Bank Transit / ABA No. _____ Bank Account No. _____

Bank Certification of Account Number:

By: _____ Date: _____

Tape Attachments Here

- I authorize the Wake County Public School System to make deposits or credits to this account.
- If money to which I am not entitled is deposited into my account, I authorize the Wake County Public School System to direct the financial institution to return those funds.
- I understand that my first month's pay will not be direct deposited, but will be paid by check and forwarded to my school or department to be available on the scheduled pay date.
- **To avoid delays in receiving my pay, I will immediately notify Compensation Services regarding any changes to this account.**
- Please remember to keep a copy for your records.

Employee Signature Required

Date