



Administrative Form PAY-F001  
**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

425 E. Ninth Street, Reno, NV 89512  
 Phone: (775) 348-0341

**Responsible:** Office of Business and Financial Services, Payroll Department

**Procedure:** Submit completed form and a VOIDED Check or Bank Verification Letter to the Payroll Department in person or via interoffice mail. Please allow up to 10 business days for changes to take effect upon validation of the bank account information.

**Employee Information**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

School/Dept: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_

**Bank Information**

\*To set up multiple direct deposit accounts, log in to Employee Online.

I am (select one):  Establish a primary/NET account  Replacing an existing primary/NET account

Account Type (select one):  Checking  Savings

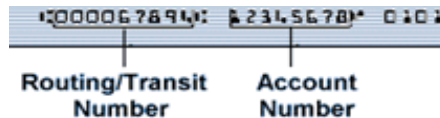
Name of Bank or Credit Union:

Transit Routing Number:

Account Number:

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I hereby authorize **Washoe County School District ("WCSD")** to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account (accounts) indicated above and the depository institution named above to credit and/or debit the same to such account.

This authority is to remain in full force and effect until WCSD has received written notification from me of its termination in such time and such manner as to afford WCSD and Depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I have attached a **VOIDED Check** or **Bank Verification Letter**

**PAYROLL DEPARTMENT USE ONLY**

Date Request Received: \_\_\_\_\_ Processed By: \_\_\_\_\_