

WINN PARISH SCHOOL BOARD

304 East Court Street

Winnfield, LA 71483

Phone: 318-628-6936

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT
(ACH CREDIT)**

The following shall authorize the Winn Parish School Board to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below, and the financial institution named below to credit and/or debit the same to such account.

This authority is to remain in force and effect until the Winn Parish School Board receives written notification of its termination.

Employee's Name: _____

Bank Depository: _____

Bank Address: _____

City, State, Zip: _____

Bank Routing Number: _____

Account Number: _____

Name on Account: _____

Type of Account: Checking: _____ Savings: _____

❖ I understand that WPSB requires at least 14 days prior notice in order to cancel this authorization.

❖ Changes to direct deposit may NOT be made during the months of June, July, and August.

Signature: _____ Date: _____

PLEASE ATTACH A VOIDED OR COPIED CHECK