



Payroll Direct Deposit Employee Authorization Form

West Branch Local School District ~ 14277 Main Street Beloit, OH 44609

Employee Name _____ SSN _____

Email Address _____

Bank Name #1 _____

Routing # _____

Account # _____

Savings Checking

Fixed Amount _____ Percentage _____

Bank Name #2 _____

Routing # _____

Account # _____

Savings Checking

Fixed Amount _____ Percentage _____

Signature _____ Date _____

Please note West Branch employees are required to participate in direct deposit. Please return this form to the Treasurer's office to the attention of Teresa Kress and a copy of a blank check or bank provided ACH form.

teresa.kress@wbwarriors.org
330.938.2183 ext 37214

