Western Montgomery Career & Technology Center

INSTRUCTIONS FOR DIRECT DEPOSIT AUTHORIZATION FORM - Please type or print in ink.

Check Transaction type and complete designated sections. Alterations must be initialed. Make a copy for yourself, before you submit this Form.

TRANSACTION TYPE	Payroll Office Use ONLY		
New (Complete Sections 1,2 and 3)	Date Received		
Change (Complete Sections 1, 2 and 3) Cancellation (Complete Sections 1 and 2)	Effective Date		
SECTION 1 – EMPLOYEE INFORMATION			
LAST NAME	FIRST NAME		
HOME ADDRESS			
City			
CILY			
Email Address:			
Email Address:	UNION INFORMATIO	N s,	
Email Address: SECTION 2 — EMPLOYEE'S BANK OR CREDIT Name of Bank or Credit Union Attach voided check (deposit slip is not acceptable)	UNION INFORMATIO	N s,	
Email Address:	UNION INFORMATIO	N s,	
	UNION INFORMATIO	N _* , Zip Code	

I hereby authorize Western Montgomery Career & Technology Center to deposit by Electronic Transfer payments owed to me by WMCTC and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. WMCTC shall deposit the payments in the Financial Institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred electronically. This authorization is to remain in effect until WMCTC has received written notification from me of its cancellation in such time as to afford WMCTC and my financial institution a reasonable opportunity to act on it.

Further, I agree not to hold WMCTC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and WMCTC'S rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, or amended or repealed.

Employee Signature		Date

Western Montgomery Career & Technology Center

DIRECT DEPOSIT AUTHORIZATION INSTRUCTIONS

NEW SETUP	Place an X beside the New Setup transaction and complete all of Sections
	1, 2 and 3. A voided check, not a deposit slip, must be attached.
CHANGE	Place an X beside the Change transaction and complete all of Sections 1, 2
	and 3 to make a change to your Account Number, Type, or Financial
	Institution. A voided check must be attached. It is recommended that you
	maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives your Direct Deposit payment.
CANCELLATION	Place an X beside the Cancellation transaction and complete Sections 1 and 3.
u <u>.</u>	It is recommended that you maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives your Direct Deposit payment.
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EMAIL ADDRESS	The email address is necessary so that you may receive confirmation of the
	direct deposit through the Skyward System. If you do not have a WCTS email
	address, please put a current and correct email address where you can be
	notified of your deposit.
FORM DEADLINE	The payroll department requires a reasonable amount of time to process this
	form. Your completed authorization form must be returned to the payroll
·	department by the Friday before the next pay date. The same deadline
	applies to changes and cancellations.
NOTIFICATION	Effective January 1, 2010, all notifications will be sent via the web. The
	system will generate an electronic message that notifies you of your deposit
	date. From the message you will be able to access the Employee Access
	through the URL link to display the detail information concerning that
	deposit.
CANCELLATIONS OR	It is very important that any change in your direct deposit information be
CHANGES	submitted to the business office explained in the Form Deadline section of
	these instructions. Any delay in this process can result in a delay in payment
·	or your payments may be erroneously transferred. If any problems are
	incurred with the processing of your direct deposit, you will not receive
	payment until the amount is returned to WCTS for distribution.
CONTACT	If you have any questions concerning direct deposit or the completion of this
·	form, contact the business office at 610-7272, ext. 203 or email
	dwilson@westerncenter.org.