



**Port Washington-Saukville School District**  
**100 West Monroe Street**  
**Port Washington, WI 53074**



**Direct Deposit Authorization**

Employee's First Name, Middle Initial, and Last Name

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Name of Financial Institution City State

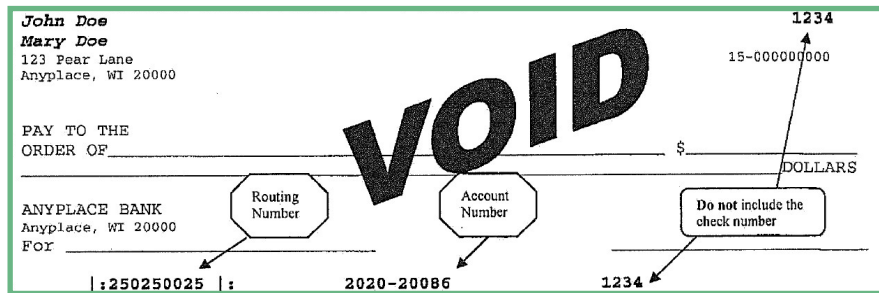
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Routing Number (9 Digits)

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Account Number Checking   
Savings

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- **Provide a voided check or a pre-filled direct deposit form from your bank with routing and account number**
- One direct deposit per employee
- Direct deposit mandatory for all employees
- PWSSD requires minimum 5 working days to change direct deposit
- If account is hacked, PWSSD will work with financial institution to resolve for current payroll or issue paper check

I authorize Port Washington-Saukville School District (PWSSD) and my financial institution to automatically deposit funds into my account.

I authorize my financial institution to return funds deposited to my account and allow PWSSD to initiate correction (debit) entry for any funds that I am not eligible to receive.

I authorize my financial institution to disclose information regarding my account to PWSSD upon PWSSD's request for error resolution. Authorization in effect until I cancel in writing to PWSSD or employment ends.

Signature \_\_\_\_\_ Date \_\_\_\_\_