

Direct Deposit Authorization Form

I authorize West Wilson Utility District to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my:

_____checking account (or) _____savings account

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect as long as I am employed with West Wilson Utility District.

Date_____

Financial Institution Name (Please print)

Account Number at Financial Institution

Financial Institution Routing Number

Financial Institution City and State

Signature_____