

Employee Direct Deposit Authorization

To begin using EWSC Direct Deposit, please complete the information below and return to the administration office with a voided check or financial institution routing information attached.

I authorize EWSC to initiate credit entries to the account specified below and to make appropriate adjustments (debit and/or credit) should an incorrect payment be entered into my account according to the terms and conditions stated below. I also authorize the Financial Institution indicated below to accept entries (debit and/or credit) initiated by EWSC.

Employee's Information

Name: _____

Social Security: _____ - _____ - _____

Account Information

For accuracy, we strongly recommend you visit or call your financial institution to complete this portion.

Financial Institution: _____

Type of Account Checking Savings

ABA/Transit Routing Number (9 digits)

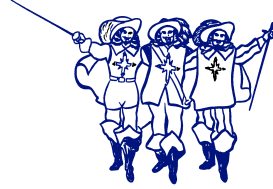
Checking Account/Savings Account Number

I agree to the terms and conditions

Signature: _____

Date: _____

East Washington School Corporation



"All for one and one for all"

STAPLE VOIDED CHECK HERE

(Checking Accounts)

Or

FINANCIAL INSTITUTION

ROUTING INFORMATION

(Savings Accounts)