




# WINDSOR CENTRAL SUPERVISORY UNION

Windsor Central Unified District  Pittsfield School District  
70 Amsden Way Woodstock, Vermont 05091  
Phone: 802-457-1213 Fax: 802-457-2989 www.wcsu.net

## Direct Deposit Authorization for AP Reimbursement

**\*\*\* Please attach a voided check to this form so that we may verify your bank routing and account number(s). \*\*\***

\_\_\_\_\_  
Employee Name (please print)

I hereby authorize Windsor Central Supervisory Union (WCSU) and/or Windsor Central Unified Union School District (WCUUSD) and the financial institution listed below to initiate credit entries for funds due to me from the WCSU, WCUUSD, or its member districts, and to initiate, if necessary, debit entries and adjustments for any credit entries made in error, to my account indicated below at the financial institution named below.

This authority will remain in effect until I have cancelled it in writing.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Is this a change to a current authorization? \_\_\_\_\_ YES \_\_\_\_\_ NO

Email address for advice slips: \_\_\_\_\_

.....  
Deposit the total check amount to my:     Checking account                       Savings account

\_\_\_\_\_  
NAME OF FINANCIAL INSTITUTION

\_\_\_\_\_  
BANK ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

.....  
Office use only

Date Received: \_\_\_\_\_

Date Entered: \_\_\_\_\_