



**WASHINGTON C. H. CITY SCHOOLS**  
 306 HIGHLAND AVENUE • WASHINGTON C. H., OHIO 43160  
 740-335-6620 • Fax 740-335-1245 • [www.wchcs.org](http://www.wchcs.org)

**DIRECT DEPOSIT FORM**

**Payments can be made to a checking or savings account, NOT to a mobile payment service (i.e., Cash App, Venmo, Paypal, etc.) or a prepaid card, and your name must be on the account.**

Recipient's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone Number \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION**

- Forms received prior to the 12<sup>th</sup> of the month will be processed for payment the second pay of the month. Forms received after the 12<sup>th</sup> of the month will be processed for payment the first pay of the following month.
  - Email address for direct deposit notice delivery \_\_\_\_\_
- Note: A Washington C.H. CSD email address must be used if one is provided to an employee.

**CHOOSE ONE OF THE FOLLOWING:**

- CHECKING     SAVINGS - contact your financial institution for the nine-digit routing or transit number.

Name of Financial Institution \_\_\_\_\_ Phone Number \_\_\_\_\_

Account Number \_\_\_\_\_ Nine-digit routing or transit number 

--	--	--	--	--	--	--	--	--

To deposit your payment to a checking account, you must ATTACH A VOIDED CHECK PRE-PRINTED WITH YOUR NAME AND ADDRESS.

Tape a voided check here.  
 Washington C. H. City Schools does not accept temporary checks or deposit slips.

**RECIPIENT'S SIGNATURE**

I, the undersigned, authorize Washington C. H. City Schools to transmit my payments to the above-named financial institution; recover directly from the financial institution any payments electronically deposited to my financial institution to which I am not entitled; and authorize and direct my financial institution on my behalf or on behalf of my estate to refund such benefit overpayments to Washington C. H. City Schools, and charge it accordingly to my account. I also authorize my financial institution to provide Washington C. H. City Schools with account information to assist in recovery of such benefit overpayments, including information about any joint account holders and account transactions occurring after my death. I attest that I am an owner of the account and this authority is to remain in full force until the Treasurer's Office is given written notification from me of its termination in such a timely manner to afford the Treasurer's Office and the financial institution a reasonable opportunity to act on the request.

\_\_\_\_\_  
 RECIPIENT'S SIGNATURE (DO NOT PRINT)

\_\_\_\_\_  
 DATE