



**Franklin West Supervisory Union**

**Payroll** 4497 Highbridge Road, Fairfax, VT 05495 **Email:** pdecatu@fwsu.org  
**Phone:** 802-370-3113 Ext.116 **Fax:** 802-370-3115

**DIRECT DEPOSIT AUTHORIZATION FORM**

**Employee Name:** \_\_\_\_\_

I hereby authorize(select your employing entity)  Fairfax  Georgia  Fletcher  FWSU  
to automatically deposit my paycheck into the following Financial Institution(s):

**Primary Account**

**Financial Institution Name:** \_\_\_\_\_

**Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Account Type:** Checking\*  Savings

**Deposit Amount:**  Net Pay  Flat Amount  Percentage  
\$ \_\_\_\_\_ %

If you want your reimbursements deposited in this account, check here

**Secondary Account**

**Financial Institution Name:** \_\_\_\_\_

**Routing #** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Account Type:** Checking\*  Savings

**Deposit Amount:**  Net Pay  Flat Amount  Percentage  
\$ \_\_\_\_\_ %

If you want your reimbursements deposited in this account, check here

Reimbursements - Mileage, Course, Workshop, Supplies, etc.

**\*ATTACH COPY OF VOIDED CHECK\***

Please sign below to authorize this direct deposit information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date