



School District of Holmen

ACH Direct Deposit - Officials

CHECKING OR SAVINGS ACH DIRECT DEPOSIT

WIAA Officials Number: _____

Name (please print): _____

Email (used to notify of deposit): _____

Is this a change? YES or NO

Please attach a voided check or form letter from the financial institution listing the routing and account number.

This will prevent any delays in processing payments and provide the exact account and routing information needed to process your ACH payment.

Name of Financial Institution:
Address:

ABA Routing #:
Account #:
<input type="checkbox"/> Checking <input type="checkbox"/> Savings

I authorize the School District of Holmen and the Financial Institution listed above to electronically send necessary debit and credit entries to the account(s). All changes must be received in writing.

Signature

Date

Office Use only: Date Received: _____ Date Entered: _____