



WEST MIFFLIN AREA SCHOOL DISTRICT
DIRECT DEPOSIT/CHANGE & W2 AUTHORIZATION



Employee Name: _____

Authorized Action: _____ Initiate Direct Deposit

_____ Change Direct Deposit

_____ Additional Direct Deposit Account (Enter Fixed Amount)

_____ I agree to receive my W2 Electronically via the Web Portal

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Type of Account: _____ Checking (**Attach a voided check**)

_____ Savings (**Attach a deposit slip**)

*I HEREBY AUTHORIZE WEST MIFFLIN AREA SCHOOL DISTRICT TO DEPOSIT
MY NET EARNINGS DIRECTLY INTO MY BANK ACCOUNT.*

Signature: _____ Date: _____

Any questions contact Payroll 412-466-9131 Ext. 3022

Rev. 7/2021