



WASHOE COUNTY SCHOOL DISTRICT
Authorization to Stop Direct Deposit
Or Payroll Deduction
PAYROLL DEPARTMENT

P.O. BOX 30425 RENO, NEVADA 89520-3425
775-348-0341 FAX 775-348-0247

My signature on this form represents my authorization to stop the following Direct Deposit or Payroll deduction through the Washoe County School District's Payroll Office effective the next available Pay Period*. Please check the appropriate box below and provide the requested information. Thank you.

Employee Name: _____

Employee ID #: _____ Last 4 of SSN: _____

Work Location: _____

Direct Deposit Bank Name: _____

Bank Acct #: _____

*** You can stop your direct deposit by using Employee Online***
<http://www.washoe.k12.nv.us/staff/employeeonline>

Payroll Deduction:

United Way

Other

Company Name: _____

Deduction Amount: _____

 Signature of Employee Date

* All forms are to be turned in to the Payroll Dept. by the last day in a pay period for changes to take effect for that pay date.

<u>PAYROLL DEPARTMENT USE ONLY</u>	
Date Request Received: _____	Processed By: _____