

## DIRECT DEPOSIT AUTHORIZATION

**TO SIGN UP FOR DIRECT DEPOSIT. Complete Section I and Section 2. (You must attach a voided check before returning this form to Payroll.)**

### SECTION 1- EMPLOYEE INFORMATION (TO BE COMPLETED BY EMPLOYEE)

NAME OF EMPLOYEE (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
ADDRESS (STREET, P.O. BOX, APO/FPO)			TELEPHONE NUMBERS HOME: CELL:
CITY	STATE	ZIP CODE	DATE

**I certify that I have read, understood and hereby authorize my payment(s) to be electronically deposited with the financial institution named below, in the following designated account. This authorization will remain in effect until the district has received written notification from me that it is to be terminated in such time and manner for the district to act on it. If the district erroneously deposits funds into my account, I authorize the district to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current pay period.**

EMPLOYEE SIGNATURE	DATE
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### SECTION 2- FINANCIAL INSTITUTION INFORMATION (ATTACH A VOIDED CHECK)

NAME OF FINANCIAL INSTITUTION			
ADDRESS OF FINANCIAL INSTITUTION	CITY	STATE	ZIP CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ROUTING NUMBER								

TYPE OF DEPOSITORY ACCOUNT

<input type="checkbox"/>	CHECKING
<input type="checkbox"/>	SAVINGS

DEPOSITOR ACCOUNT NUMBER