

Authorization for Direct Deposit – Employee Form

This authorizes Western Placer Unified School District to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below. This authorizes the financial institution holding the Account to post all such entries.

Account #1

Action (check one): Begin Change Cancel

Account #1 Type (check one): Checking Savings

Employee Financial Institution Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Action (check one): Begin Change Cancel

Account #2 Type (check one): Checking Savings

Employee Financial Institution Name

Bank Routing # (ABA#)

Account #

Please attach a voided check here.

This authorization will be in effect until Western Placer Unified School District receives a cancellation form from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date