# DIRECT DEPOSIT – AUTHORIZATION AGREEMENT

___Begin Information ___Change Deposits ___Cancel Deposits

Checking _____ Savings _____

Employee Name Last four of SSN

The numbers on the bottom of your check are used by the payroll department to make the electronic funds transfer of your payroll directly to your account.

PLEASE TAPE VOIDED CHECK OR COPY HERE (DO NOT STAPLE)

I authorize the Western Placer Unified School District to initiate credits (and/or corrections to previous credits) to the financial institution designated above.

This authorization will remain in effect until I give written notice to the payroll department either to change or terminate this authorization.

_____ _____

Employee Signature Date

TO BE COMPLETED BY PAYROLL DEPARTMENT

Transit Routing Number and Check Digit

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

Account Number

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | |