

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME (Please print): \_\_\_\_\_

PSL NUMBER \_\_\_\_\_ WORK SITE \_\_\_\_\_

I hereby authorize San Leandro Unified School District, hereafter called SLUSD, to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries to my account indicated below:

BANK NAME: \_\_\_\_\_

This authority is to remain in full force and effect until SLUSD has received written notification from me of its termination in such time and such manner as to afford SLUSD and my bank a reasonable opportunity to act on it. Due to banking regulations, this service will become effective on the 2<sup>nd</sup> payroll after this form is completed and returned to the Payroll Department. This form is due by the 10<sup>th</sup> of the month. For example, if you would like this to be effective for the June payroll, this form must be received in payroll by May 10. If this is a "CHANGE FORM", please note that the process will begin with the pre-note period just as when you originated Direct Deposit. (You will receive a REGULAR pay warrant for the pre-note payroll month.)

**ATTACH VOIDED CHECK HERE.**

PLEASE DO NOT ATTACH DEPOSIT SLIPS OR CANCELLED CHECKS.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BELOW FOR EMPLOYER USE ONLY**

PRE-NOTE MONTH FOR VERIFICATION OF INFORMATION PROVIDED: \_\_\_\_\_

START DATE OF ACTUAL DIRECT DEPOSIT: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_ - \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_