

AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

INSTRUCTIONS: Please complete the appropriate boxes and forward to your employing school district. If you should have any questions concerning this form, please contact your Personnel/ Payroll Department.

EMPLOYEE NAME (PLEASE PRINT):	EMPLOYEE ID #:	EMPLOYING SCHOOL DISTRICT:

<input type="checkbox"/>	Establishing a direct deposit	Effective Date:	
<input type="checkbox"/>	Changing an existing direct deposit	Effective Date:	
<input type="checkbox"/>	Discontinuance of an existing deposit	Effective Date:	

Select One:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
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NAME OF INSTITUTION				
ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PHONE # OF INSTITUTION				

TRANSIT ROUTING NUMBERS										ACCOUNTING NUMBER INFORMATION									
:									:										
TRANSIT										ABA									

PLEASE ATTACH VOIDED CHECK HERE

AUTHORIZATION: I HEREBY AUTHORIZE THE PAYROLL DEPARTMENT OF THE STANISLAUS COUNTY OFFICE OF EDUCATION TO DEPOSIT MY MONTHLY PAYROLL WARRANT TO THE ABOVE DESIGNATED FINANCIAL INSTITUTION UNTIL SUCH TIME AS THIS AUTHORIZATION IS VOIDED BY MYSELF.

***** 1ST MONTH PRENOTE***2ND MONTH LIVE *****

Date _____ Signed by _____		OFFICE USE ONLY	
		<input type="checkbox"/> PRENOTED _____	<input type="checkbox"/> ACTIVATED _____

DISTRIBUTION: WHITE-DISTRICT; YELLOW-SCOE BUSINESS OFFICE; PINK-BANK; GROLDENROD-EMPLOYEE