



Automatic Payroll Deposit Authorization Agreement

Payroll

Please TYPE or PRINT Form

- Sub - Certificated - Classified

Name: _____ Employee ID#/SSN: _____

Choose One: - New (Not Currently on Direct Deposit) - Change (List ALL Accounts) - Cancellation Request

You must attach a voided check OR a copy of bank printout displaying both the account# and routing# for each account listed below.

1. Total Net Pay **OR** \$ _____ **OR** _____ % Checking Savings
 Financial Institution _____
 Routing # _____ Account # _____
2. Remaining Balance **OR** \$ _____ **OR** _____ % Checking Savings
 Financial Institution _____
 Routing # _____ Account # _____
3. Remaining Balance **OR** \$ _____ **OR** _____ % Checking Savings
 Financial Institution _____
 Routing # _____ Account # _____
4. Remaining Balance Checking Savings
 Financial Institution _____
 Routing # _____ Account # _____

I hereby authorize Visalia Unified School District and the financial institution on the check(s) attached, to deposit my net pay into my account(s) as listed above. I shall hold harmless and indemnify Visalia Unified School District, herein after referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the District and its officers and employees, brought by any person, including any banking institution against the District in his/her capacity concerning Payroll Warrant disposition provided by the District.

I also agree to pay all fees incurred because of failure on my part to notify Visalia Unified School District of any changes to my account information that would result in a return of my deposit(s).

I understand that it is my responsibility to ensure that my net check has been properly credited to my account(s) before issuing checks against that account. If funds to which I am not entitled are deposited, I hereby authorize Visalia Unified School District either to direct the financial institution to return such funds or to request a "stop payment" of the Auto Deposit and to issue a warrant for the correct amount. Electronic fund transfer takes effect on the next payroll following request after a successful pre-note test has occurred through the banking system. This completed request is for the disposition of my pay warrant from the effective date specified until I have signed a cancellation request.

Employee's Signature: _____ Date: _____

Return to: VUSD Payroll
5000 W. Cypress Ave.
Visalia, CA 93277

Payroll Use Only
DATE RECEIVED: _____
DATE PROCESSED: _____ INITIALS: _____

PLEASE ALLOW 6-8 WEEKS TO TAKE EFFECT