



**PERRIS UNION HIGH SCHOOL DISTRICT PAYROLL
Direct Deposit Authorization Form
Please complete all sections of the form**

Certificated OR Classified New OR Change

NAME: _____ Employee # _____

I HEREBY REQUEST THAT MY PAYROLL WARRANTS BE ELECTRONICALLY TRANSFERRED TO MY FINANCIAL INSTITUTION(S) AS NOTED BELOW:

You may elect to transfer funds up to 5 different accounts. Please indicate the amount(s) and account(s) as applicable:

1. Total Net Pay or \$ _____
 Financial Institution _____
 Checking Routing # _____ Account # _____ (Attach a voided check)
 Savings Routing # _____ Account # _____ (Direct Deposit Authorization Form)
2. Remaining Balance or \$ _____
 Financial Institution _____
 Checking Routing # _____ Account # _____ (Attach a voided check)
 Savings Routing # _____ Account # _____ (Direct Deposit Authorization Form)
3. Remaining Balance or \$ _____
 Financial Institution _____
 Checking Routing # _____ Account # _____ (Attach a voided check)
 Savings Routing # _____ Account # _____ (Direct Deposit Authorization Form)
4. Remaining Balance or \$ _____
 Financial Institution _____
 Checking Routing # _____ Account # _____ (Attach a voided check)
 Savings Routing # _____ Account # _____ (Direct Deposit Authorization Form)
5. Remaining Balance or \$ _____
 Financial Institution _____
 Checking Routing # _____ Account # _____ (Attach a voided check)
 Savings Routing # _____ Account # _____ (Direct Deposit Authorization Form)

I, _____, shall hold harmless and indemnify the Perris Union High School District, hereinafter 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 financial institution(s), against the District in its capacity as an employer concerning the Payroll Warrant Distribution provided by the District.

I hereby authorize the District to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and/or debit the same to such account. The request completed above is for the distribution of my payroll warrant(s) until rescinded in writing.

DATE _____ SIGNATURE _____

IMPORTANT: Send the original and voided checks/statement copies to Payroll Department.