

# ELECTRONIC DEPOSIT AUTHORIZATION

GATEWAY UNIFIED SCHOOL DISTRICT  
 PAYROLL DEPARTMENT  
 4411 MOUNTAIN LAKES BLVD.  
 REDDING, CA 96003  
 530-245-7900

**EMPLOYEE NAME (last, first, middle initial)** \_\_\_\_\_

- NEW REQUEST     ADJUST DEPOSIT AMOUNT  
 CANCELLATION     ADD ADDITIONAL ACCOUNT

**EFFECTIVE DATE:** \_\_\_\_\_

For checking account deposits, attach a voided check or bank documentation.  
 For savings account deposits, attach bank documentation listing the account ID number and transit routing number.

**Any missing or incorret information will cause delays in enrollment.**

In most instances, your authorization for EFT/Direct Deposit, will be activated after at least one full pay cycle to allow for a TEST payroll period. During this time you will continue to receive a "paper" paycheck.

**Supplemental pay and Manual pay will NOT be eligibile for direct deposit.**

## AUTHORIZATION

PLEASE TYPE OR PRINT

Add/Delete/Adjust	Financial Institution	Checking Mark w/ an (X)	Savings Mark w/ an (X)	Account #	Transit/Routing #	*Amount to Deposit (Either 100% or Specific Amount)
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Adjust						
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Adjust						
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Adjust						
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Adjust						
<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Adjust						

\*AMOUNT to DEPOSIT (if one account, mark as 100%). If multiple accounts, mark main account as 100% and extra accounts with exact dollar figure. (Example: 2 accounts (1 savings, 1 checking) \$50.00 to savings with remaining 100% to checking.

I authorize the Gateway Unified School District to initiate accounting transactions to deposit my net pay directly into the account(s) indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution(s) to post these transaction to the account(s) indicated. This authorization is to remain in force until the Gateway Unified School District receives written notice from me to cancel or change this authorization. If cancelling, I hereby cancel the authorization for the Gateway Unified school District to initiate direct deposits into my checking/savings accounts(s).

**Note: Your direct deposit advice will be emailed to your work email payday morning. Your work email can be accessed wither at work or from home through our website at [www.gateway-schools.org](http://www.gateway-schools.org) (staff-staff email).**

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date