



LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT

Direct Deposit Authorization Form

Please complete this form and return it with a **VOIDED CHECK** or **BANK DOCUMENT WITH ROUTING & ACCOUNT NUMBERS** to the Payroll Department.

Employee Name _____

Employee ID # _____ Phone Number _____

PRIMARY

Action (check one)

☐

New

☐

Change

☐

Cancel

Type of Account (check one)

☐

Checking

☐

Savings

Financial Institution Name _____

Routing # _____ Account # _____

SECONDARY

Action (check one)

☐

New

☐

Change

☐

Cancel

Type of Account (check one)

☐

Checking

☐

Savings

Financial Institution Name _____

Routing # _____ Account # _____

Flat amount to be deposited to another account (if applicable) \$ _____ or _____ %

DIRECT DEPOSIT ADVICE SLIP DELIVERY OPTIONS

☐

E-mail to my LVJUSD e-mail address as protected pdf document.

☐

E-mail to _____ as a protected pdf document.

** Please Note LVJUSD cannot be responsible for the security of your personal e-mail provider.*

☐

Mailed to my address on file with the district via USPS.

☐

No e-mail or mailed advice slip. I will download it myself.

By signing this agreement, I hereby authorize the **Livermore Valley Joint Unified School District** to initiate credit entries to the account(s) indicated above for the purpose of payroll. I also hereby authorize the **Livermore Valley Joint Unified School District** to initiate debit entries and adjustments for any credit entries made in error.

Signature _____ Date _____

Direct deposit requests **received by the 10th of the month will go into effect the following month**. This authorization shall remain in place until Livermore Valley Joint Unified School District has received written notification of change or termination.

PRINT

RESET

Revised 9/16/2020