



Direct Deposit Authorization

Date

Employee Type CERTIFICATED

CLASSIFIED

Last Name First Middle

Employee ID Last 4 of SSN Phone #

Direct Deposit Request Type: New Authorization Changes to Existing Authorization Amount Cancellation

Account 1 Information

Financial Institution Checking Savings

Routing # Account # Amount NET PAY

Account 2 Information

Financial Institution Checking Savings

Routing # Account # Amount \$

Account 3 Information

Financial Institution Checking Savings

Routing # Account # Amount \$

Account 4 Information

Financial Institution Checking Savings

Routing # Account # Amount \$

Account 5 Information

Financial Institution Checking Savings

Routing # Account # Amount \$

**** Please attach a voided check or letter from your banking institution to this form ****

Authorization Agreement

I shall hold harmless and indemnify the Temecula Valley Unified 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 his 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. Electronic fund transfers take effect one month following request after a successful prenote test has occurred through the banking system. The request completed above is for the distribution of my payroll warrant(s) from the effective date specified until rescinded in writing.

Employee Signature

Date