## PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

DISTRICT NAME: \_TRACY UNIFIED



PLEASE TYPE OR PRINT				
Employee Name: Last		First		Employee Identification Number
PLEASE NOTE: Employee must conta	ect financial institu	ntion for accurate ABA routing a	nd account numb	pers. Deposit slips may not contain
		<mark>mber information so it is importa</mark> rization Form with the informati		or financial institution.  Complete the
Tollowing Lujton 211	eet Deposit Hutilo	ization I of m with the informati		NEW CHANGE CANCEL
				Check One Check One
Name of Financial Institution	Branch	Branch Phone Number		Net Pay Checking
Address of Financial Institution	City	Zip Code		Amount \$ Savings
9-Digit ABA Routing Number		Account Number		
				NEW CHANGE CANCEL
Name of Financial Institution	Branch	Branch Phone Number		Check One Check One
Traine of Financial Institution	Diancii	Dianen i none i dinoci		Net Pay Checking
Address of Financial Institution	City	Zip Code		Amount \$ Savings
9-Digit ABA Routing Number		Account Number		
necessary, debit entries and adjustments fo institution named above to accept such entr  Direct deposit will be suspended. I must submit a new Payroll Direct number, type of account, etc.). Direct deposit status may be susp or under other circumstances. If a submit a new Payroll Direct deposit status may be susp or under other circumstances. If a submit a submi	r any entries in erries and post them to if a certificated emp ct Deposit Authorizended or rescinded a county warrant is banking industry res, pursuant to require district and SJCOIs officers, employed Clearing House (prization made by noting and account	or to any of my accounts indicated to the accounts indicated above. I use the district or SJCOE, and payre produced, it will be forwarded to the use that employers must follow white the temployers must follow white the account of the Office of Foreign As and its officers, employees, and a sea, and agents for failure or delay it ACH) transactions to my account it	at the financial in nderstand:  ughCTC/SJCOEo account(s) information and by counting direct district office for the making direct assets Control ("O gents from any clan making deposits nust comply with manged or cancelled."	tion (name, institution, branch, ABA routing anty warrant, if necessary, to meet payroll deadlines rdistributionormailedtomyhomeaddress.  deposits on behalf of their employees, i.e., the IFAC").  nim or demand of whatever nature, including those and/or corrections to deposits as herein authorized, the provisions of United States law.  d by submission of a new Payroll Direct Deposit Form.
ATTACH VOIDED	CHECK OR WR	ITTEN VERIFICATION FROM	EACH FINANC	TAL INSTITUTION ABOVE.
		* <u>IMPORTANT</u> *		
DIRECT DEPOSIT MAY BE Any misinforn	nation or change	YOU DO NOT PROVIDE AC is to your account (account cl ver and reissue your direct do	osures) can cau	UTING AND ACCOUNT NUMBERS. se up to a 15 day delay
Employee Signature				Date