

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)

EFFECTIVE DATE: _____

☐ NEW REQUEST ☐ ADJUST DEPOSIT AMOUNT ☐ CANCELLATION ☐ ADD ADDITIONAL ACCOUNT

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 incorrect 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.

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 the main account as 100% and extra accounts with exact dollar figures. (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 transactions 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 either at work or from home through our website at www.gateway-schools.org (staff-staff email).

Signature

Date

Email Address

**** Substitutes only ****