"UNLOCKING POTENTIAL – EMPOWERING LIVES"

510 Keystone Boulevard
Patterson, CA 95363
(209) 895-7700
Fax: (209 892-5803

Reyes Gauna, Ed.D.
Superintendent

Direct Deposit Instructions

If you need to set up a **new direct deposit** or **make changes to your existing account**, please follow the procedure below:

1. Print and **physically sign** the Direct Deposit Authorization Form (electronic signatures will not be accepted).

2. Attach one of the following:

    a. A **voided check**, or

    b. A **typed direct deposit form from your bank on official bank letterhead**.

3. Bring the completed form and supporting documentation to the **District Office** for processing.

Please bring a **valid photo ID**, which will be required to complete the update.

Direct deposit takes **two payment cycles** to be activated. You may receive up to two live checks before the direct deposit is activated. If your direct deposit is not activated by your third check, please contact the Payroll Department at payrolldepartment@patterson.k12.ca.us.

Stanislaus County
Office of
Education
Scott Kuykendall, Superintendent

Business Services

Don Gatti, Deputy Superintendent
1100 H Street • Modesto, CA 95354 • (209) 238-1900 FAX (209) 238-4205

INSTRUCTIONS: Please complete the appropriate boxes and forward to your employing school district. If you should have any questions concerning this form, please contact your Personnel/ Payroll Department.

EMPLOYEE NAME (PLEASE PRINT):	EMPLOYEE ID #:	EMPLOYING SCHOOL DISTRICT:

	Establishing a direct deposit	Effective Date:	
	Changing an existing direct deposit	Effective Date:	
	Discontinuance of an existing deposit	Effective Date:	

Select One:		Checking Account		Savings Account

NAME OF INSTITUTION				
ADDRESS (STREET)	(CITY)	(STATE)	(ZIP)	
PHONE # OF INSTITUTION				

TRANSIT ROUTING NUMBERS

: | | | | | | | | | | :

TRANSIT ABA

ACCOUNTING NUMBER INFORMATION

PLEASE ATTACH VOIDED CHECK HERE

AUTHORIZATION: I HEREBY AUTHORIZE THE PAYROLL DEPARTMENT OF THE STANISLAUS COUNTY OFFICE OF EDUCATION TO DEPOSIT MY MONTHLY PAYROLL WARRANT TO THE ABOVE DESIGNATED FINANCIAL INSTITUTION UNTIL SUCH TIME AS THIS AUTHORIZATION IS VOIDED BY MYSELF.

*** 1ST MONTH PRENOTE***2ND MONTH LIVE ***

Date _____ Signed by _____

OFFICE USE ONLY

☐ PRENOTED _____

☐ ACTIVATED _____

DISTRIBUTION: WHITE-DISTRICT; YELLOW-SCOE BUSINESS OFFICE; PINK-BANK; GOLDENROD-EMPLOYEE