

Employee Authorization for Direct Deposit

Employee Information

Name: _____

Employee ID: _____

Date: _____

Action Requested

☐ Start (Direct Deposit)☐ Change (Existing Information)☐ Stop (Direct Deposit)

Bank Account Information

Account Type

☐ Checking☐ Savings

Name on Account: _____

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Acknowledgement

By providing my signature below, I authorize Sanders Unified School District #18 (SUSD) to initiate electronic deposits to the designated account and, if necessary, to initiate reversal entries for any erroneous deposits. This authorization will remain in effect until I submit a new form to the Payroll Office to cancel or change it.

Employee Signature: _____

Electronic Payment Advice

I consent to receiving my earnings statements (pay stubs) electronically instead of in paper form.

☐ Yes, please email my Direct Deposit Advice to the following address: _____

[Please attach relevant documentation below]