

# HUMBOLDT UNIFIED SCHOOL DISTRICT #22

**BRETT DAHL, Superintendent**

**MICHAEL TANNEHILL, Director of Finance**

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**Phone: 759-4000 - Fax 759-4020**

## DIRECT DEPOSIT SUREPAY EMPLOYEE AUTHORIZATION

I authorize HUMBOLDT UNIFIED SCHOOL DISTRICT #22 to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my checking and/or savings account.

To enroll in the payroll Direct Deposit program you are **REQUIRED** to complete this form in it's entirety **AND** attach **ONE** of the following forms to this request:

- 1) Attach a copy of a void check(s) for the account you want to direct deposit into.
- 2) Attach the form supplied by your financial institution for the account(s) you want to direct deposit into.

NEW DIRECT DEPOSIT

ADD ANOTHER DIRECT DEPOSIT

CANCEL MY DIRECT DEPOSIT

CHANGE CURRENT DIRECT DEPOSIT

### TO BE COMPLETED BY THE EMPLOYEE

Employee Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This authority is to remain in effect until you have received written notification from me of its termination.

### PRIMARY PAYROLL DIRECT DEPOSIT

Financial Institution Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Institution Routing Number: \_\_\_\_\_

Savings

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

### SECONDARY ACCOUNT DEDUCTION (Option)

Financial Institution Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Institution Routing Number: \_\_\_\_\_

Savings

Address: \_\_\_\_\_

Set Amount: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

DPH 4/25/2025