

PAYCHECK DIRECT DEPOSIT AUTHORIZATION

I hereby authorize the District to deposit my paychecks directly into my checking account as detailed below.

I agree to notify the District promptly of any changes to the information in the event I change the account to be used for depositing my paycheck or if I choose to stop direct deposit.

I understand that my paycheck will be directly deposited into my account on the actual pay date but that I am responsible for verifying that the funds are available for my use and that the availability of the funds are subject to the rules and regulations of my bank.

Employee Name (Please Print)

Name that appears on Checking Account

Bank Name

ACCOUNT TYPE:

CHECKING

Bank Routing Number

Account Number

SAVINGS

Employee Signature

Date Signed