For Office Use Only

_____ Payroll

_____ Date

EMPLOYEE AUTHORIZATION FOR AUTOMATIC DEPOSITS

PLEASE PRINT

NAME _____ EMPLOYEE ID NUMBER _____

WORK SITE _____

SIGNATURE _____ DATE _____

I hereby authorize the Mt. Diablo Unified School District to deposit my payroll check electronically to the Financial Institution indicated on voided check below:

ATTACH VOIDED CHECK HERE

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

- I understand that my payroll will be delayed if I change my bank account without notifying the district one month in advance.
- I understand that it will take two pay cycles for my direct deposit to take effect.

FOR DISTRICT PAYROLL DEPT. USE ONLY—LEAVE BLANK

FINANCIAL INSTITUTION ROUTING NO. TRANSIT ABA											ROUTING NO. CHECK DIGIT	CHECKING ACCOUNT NUMBER															