



PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

PLEASE TYPE OR PRINT NEW CHANGE CANCEL

Employee Name **Last** **First** **M.I.** **SUSD ID Number**

PLEASE NOTE: Employee must contact his/her financial institution for accurate ABA Routing & Account Numbers and complete the following Payroll Direct Deposit Authorization.

Name of Financial Institution	Branch	Branch Phone Number	Check One
			<input type="checkbox"/> Checking (NET)
Address of Financial Institution			<input type="checkbox"/> Savings (NET)
	City	Zip Code	

9-Digit ABA Routing Number (Contact Financial Institution) **Account Number (Contact Financial Institution)**
(Routing Numbers should begin with a 0, 1, 2, or 3)

PLEASE NOTE: Employees may only deposit a flat amount into **ONE** account at Premier Community Credit Union. Complete the necessary branch and account information and specify the amount to be deposited.

Premier Community Credit Union		()	
Name of Financial Institution	Branch	Branch Phone Number	Check One
			<input type="checkbox"/> Checking \$ _____
Address of Financial Institution			<input type="checkbox"/> Savings \$ _____
	City	Zip Code	

9-Digit ABA Routing Number **Account Number (Contact Financial Institution)**

IMPORTANT: **Contact your financial institution for your correct 9-digit ABA Routing Number and Account Number. Attach a voided check, or deposit slip, and forward to the District Payroll Department.**

I hereby authorize the Stockton Unified School District, through Premier Community Credit Union, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any entries in error to my account indicated at the financial institution named above, and authorize the financial institution named above to accept such entries and post them to the account indicated above:

- I understand:
- Direct deposit takes effect after a successful pre-notification transaction has occurred through the banking system.
 - Direct deposit will also be suspended if a certificated employee's credential has not cleared through CTC/SJCOE or the credential has expired.
 - I must submit a new Payroll Direct Deposit Authorization Form if I change my account information. (name, institution, branch, ABA number, type of account, etc.)
 - Direct deposit status may be suspended or rescinded, and payment made by warrant; if necessary, to meet payroll deadlines or under other circumstances. If a warrant is produced, it will be forwarded to the district office for distribution or mailed to your home address.

I agree to hold harmless and indemnify Stockton Unified School District and San Joaquin County Office of Education and their officers, employees, and agents from any claim or demand of whatever nature, including those based upon negligence of SUSD and/or its officers, employees, and agents for failure or delay in making deposits and/or corrections to deposits as herein authorized. I acknowledge the origination of Automatic Clearing House (ACH) transactions to my account must comply with the provisions of United States' law.

This authorization replaces any previously made by me and is to remain in effect until changed or cancelled by submission of a new Payroll Direct Authorization Form.

_____ Employee Signature

_____ Date