

## PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Since 1052						
PLEASE TYPE OR PRINT	☐ NEW		CHANGE	CANC	CEL	
Employee Name I			First	M.I.	S	USD ID Number
PLEASE NOTE: Employee must con		ancial ins				
the following Payroll Direct Deposit	Authorization.					
			(	)		
Name of Financial Institution	Branc	Branch		Branch Phone Number		Check One
						Checking (NET)
Address of Financial Institution		City		Zip Code		Savings (NET)
9-Digit ABA Routing Number (Co			tion) Accou	nt Number (Cont	tact Financi	al Institution)
(Routing Numbers should begin w						
PLEASE NOTE: Employees may or					nunity Cred	it Union. Complete the
necessary branch and account inform	ation and speci	fy the am	ount to be deposit	ed.		
Description Comments of Control	194 TT- 1					
Premier Community Cred Name of Financial Institution	Branc	h	Rrana	) h Phone Number		Check One
ivame of Pinancial Institution	Diane	ш	Diane	n i none rumper	□ Check	
Address of Financial Institution		City	Zip Co	ode	☐ Saving	
321177887		2.00	P			· · · · · · · · · · · · · · · · · · ·
9-Digit ABA Routing Number			Accou	nt Number (Cont	tact Financ	ial Institution)
	d check, or deplied School Distract adjustments of stitution named a effect after a sualso be suspended expired.  V Payroll Direct branch, ABA nust may be susper other circumstar	osit slip, rict, throuse for any enabove to accessful ed if a cerumber, typended or reaces. If a	and forward to the agh Premier Commutatives in error to maccept such entries pre-notification tratificated employed Authorization Formation of account, etc.) escinded, and paymewarrant is produced.	he District Payro nunity Credit Unio y account indicate s and post them to ansaction has occu e's credential has m if I change my a nent made by warn	II Departm on, to initiated at the final of the accountured through not cleared account informant; if nece	e credit entries and to uncial institution named t indicated above: th the banking system. through CTC/SJCOE remation.
I agree to hold harmless and indentheir officers, employees, and agen SUSD and/or its officers, employee authorized. I acknowledge the original the provisions of United States' lay This authorization replaces any prof a new Payroll Direct Authorization	its from any cla es, and agents f gination of Aut w. eviously made	aim or de for failur omatic C	emand of whatevor e or delay in mak learing House (A	er nature, includi king deposits and CH) transaction	ng those ba /or correcti s to my acc	ased upon negligence of ons to deposits as herein ount must comply with
Employee Signatu	ıre	-99	3=		Date	