

# ELECTRONIC DEPOSIT AUTHORIZATION

## SHASTA UNION HIGH SCHOOL DISTRICT

PAYROLL DEPARTMENT

2200 Eureka Way Suite B

Redding, CA 96001

(530) 241-3261

EFFECTIVE DATE: \_\_\_\_\_

NEW REQUEST

DEPOSIT NET CHECK

NAME CHANGE

ACCOUNT NUMBER CHANGE

DEPOSIT FLAT AMOUNT \_\_\_\_\_

-For checking account deposits, attach a voided check here.

-For savings account deposits, we need the account ID number and transit routing number. If in doubt, contact your financial institution. Any missing or incorrect information will cause delays in enrollment.

In most instances, your authorization for EFT/Direct Deposit, will be activated after at least one full pay cycle to allow for a TEST payroll period. During this time you will continue to receive your paycheck as you normally would. Only your regular, monthly salary paychecks will be eligible for direct deposit. **Any extra checks such as: Extra Duty (not paid on salary), Summer (Deferred) paychecks will NOT be eligible for direct deposit.**

## AUTHORIZATION

SELECT ONE:

CHECKING (acct # & attach a voided check)

SAVINGS (Acct. & transit number)

Name of Payee (last, first, middle initial)
Home Mailing Address
City
State/Zip
Name of Financial Institution
Branch Address and Telephone number (with area code)

I authorize to initiate accounting transactions to deposit my FUNDS directly into the account indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to the account. I hereby agree that I WILL NOT have the Shasta Union High School District direct deposit any of my funds to either a foreign bank account or to a U.S. bank and then have the entire amount forwarded to a bank account in another country. This authorization is to remain in force until the Shasta Union High School District receives written notice from me to cancel or change this authorization.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

## CANCELLATION

EFFECTIVE DATE \_\_\_\_\_

(Complete this section to CANCEL the Direct Deposit Authorization)

I hereby cancel the authorization for the Shasta Union High School District to initiate direct deposits into my checking/savings account(s).

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE