



Employee Compensation Services
**Authorization for Electronic Money Transfer
Direct Deposit**

TO BE COMPLETED BY EMPLOYEE

I hereby authorize Sacramento City Unified School District to electronically deposit warrants (a credit entry) to my account, and to initiate deposit reversals (a debit entry), if necessary, to correct errors in the initial deposit. Such reversals may only be completed within a few days of deposit. Include bank routing number for savings account deposit.

- | | |
|--|--|
| <input type="checkbox"/> New Set up | <input type="checkbox"/> New set up of Additional Account |
| <input type="checkbox"/> Change Financial Institution | <input type="checkbox"/> Change Account Number |
| <input type="checkbox"/> Change Account Type | <input type="checkbox"/> Cancellation of Direct Deposit |

EMPLOYEE NAME _____ EIN/SSN # _____
(PLEASE PRINT)

SIGNATURE _____ DATE _____

FINANCIAL INSTITUTION DATA OF ACCOUNT #1

NAME OF BANK _____
(PLEASE PRINT)

ROUTING # _____ ACCOUNT NUMBER _____

ACCOUNT TYPE (CHECK ONE) CHECKING or SAVINGS

I wish to deposit \$ _____ . ____ or I wish to deposit the Entire Net Amount

FINANCIAL INSTITUTION DATA of SECOND ACCOUNT (IF DESIRED)

NAME OF BANK _____
(PLEASE PRINT)

ROUTING # _____ ACCOUNT NUMBER _____

ACCOUNT TYPE (CHECK ONE) CHECKING or SAVINGS

I wish to deposit \$ _____ . ____ or I wish to deposit the Entire Net Amount

After completing the above form, **return it to Payroll Services, Box 772**, by the 10th of the month. You will receive an **ACTUAL** warrant for the first month. If the financial institution information and account numbers are correct, the next warrant will be electronically deposited in the employee's account.

**** Please attach a copy of a voided check or bank direct deposit authorization form.**