

Employee Compensation Services
Authorization for Electronic Money Transfer
Direct Deposit

TO BE COMPLETED BY EMPLOYEE (OPTIONAL)

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 setup | <input type="checkbox"/> New set up of an additional account |
| <input type="checkbox"/> Changing financial institution | <input type="checkbox"/> Changing account number |
| <input type="checkbox"/> Changing account type | <input type="checkbox"/> Cancellation of Direct Deposit |

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

SIGNATURE _____ DATE _____

****Please attach a copy of a voided check or bank direct deposit authorization form.** Direct deposit will not be processed if attachment not included.**

FINANCIAL INSTITUTION DATA OF ACCOUNT #1

NAME OF BANK _____
(PLEASE PRINT)