



3222 Winona Way
North Highlands, CA. 95660

DIRECT DEPOSIT INFORMATION

I, _____ (print name), do hereby authorize the Twin Rivers Unified School District to initiate direct deposit of the net amount of my monthly check to the below designated financial institution as follows:

1. Social Security Number: _____
2. Name of Financial Institution: _____
3. Routing Number: _____
4. Account number (verify with your financial institution):

5. Direct Deposit into: Checking or Savings

IT IS VERY IMPORTANT THAT YOU CONTACT YOUR FINANCIAL INSTITUTION AND VERIFY YOUR ACCOUNT AND ROUTING INFORMATION.

Employee Signature

Date

- Request for direct deposit must be turned in by the 10th of the month to become effective with the pay warrant issued at the end of the *following* month.
- Written cancellations must be received by the 10th of the month to take effect on the *current* month pay warrant.
- A change in account number or deposit to a different institution will become effective at the end of the following month. A regular pay warrant will be issued and sent to your site the first month.

STAPLE VOIDED CHECK HERE

This form must be printed out, completed, voided check attached and sent to the Payroll Dept., Bay B, 5115 Dudley Blvd, McClellan.