Physical: 5115 Dudley Blvd, Bay B, McClellan, CA 95652
Mail: 3222 Winona Way, North Highlands, CA 95660

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

I hereby authorize the Twin Rivers Unified School District to initiate credits to the Financial Institution indicated below to credit with the amount thereof my checking/savings account.

EMPLOYEE DATA

NAME: _____ EIN # _____
(PLEASE PRINT)

START OR CHANGE REQUEST (Circle One)

NAME OF FINANCIAL INSTITUTION: _____
(PLEASE PRINT)

PLEASE ATTACH VOIDED CHECK or FINANCIAL INSTITUTION AUTHORIZATION FORM

ROUTING AND TRANSIT NUMBER

ACCOUNT NUMBER

ACCOUNT TYPE (Circle One) CHECKING SAVINGS (attach savings deposit slip)

STOP REQUEST

☐ I hereby authorize the Twin Rivers Unified School District to **STOP MY EXISTING AUTOMATIC DEPOSIT**.

After completing the above form return it to the payroll department **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. If you would like to **CHANGE** your current automatic deposit you **MUST** submit a new Authorization for automatic deposit. The new request will take two payroll cycles to complete.

If a Direct Deposit **CANNOT** be credited to an account because it has been closed, the Bank will reject the Direct Deposit and reroute it back to the employer. This return process may take several days. Participants in the program agree that if this happens they will wait for the funds to be received by the employer before receiving a payroll check.

**** It is critical that you notify payroll when you have changed or cancelled banks or accounts immediately to avoid a delay in receiving funds.**

SIGNATURE: _____ DATE: _____