
DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COMPANY INFORMATION

Company Name: Natomas Unified School District, 1901 Arena Boulevard, Sacramento, CA 95834

Please provide one of the following: (1) a voided check, or (2) a printout from your bank containing your account number and the bank's routing number

BANK INFORMATION

Name of Financial Institution: _____

Type of Account: Checking Savings

Enrollment Action New/Add Change Cancel

Please provide a voided check or a bank printout containing your account number and the bank's routing number

The first month will be a 'test' month. If the test is successful, direct deposit will begin the following month

EMPLOYEE INFORMATION

Social Security Number _____ - _____ - _____ Employee ID Number: _____

Employee Name Last: _____ First: _____ Mid. Init. _____

EMPLOYEE AUTHORIZATION

I, the undersigned, authorize the company named above to make deposits to my account. In the event of a deposit error, I authorize the company to make adjustments to correct the error.

I further understand that upon notification of resignation or termination, my Direct Deposit will be immediately stopped and I will receive a manual warrant for my last pay period.

Employee _____
Print Sign Date

Internal Payroll Department Use

Posted: _____ Initial: _____

Test Month: _____ First Deposit Month: _____