

# AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYEE NAME (Please print): \_\_\_\_\_

EMPLOYEE ID NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

I hereby authorize San Leandro Unified School District, hereafter called SLUSD, to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries to my account indicated below:

BANK NAME: \_\_\_\_\_

This authority is to remain in full force and effect until SLUSD has received written notification from me of its termination in such time and such manner as to afford SLUSD and my bank a reasonable opportunity to act on it. This service will become effective the payroll after this form is completed and returned to the Payroll Department. This form is due by the 10<sup>th</sup> of the month. For example, if you would like this to be effective for the June payroll, this form must be received in payroll by June 10.

RETURN TO: [PAYROLL@SLUSD.US](mailto:PAYROLL@SLUSD.US) or 835 E. 14<sup>TH</sup> STREET, SAN LEANDRO, CA 94577

**ATTACH VOIDED CHECK HERE.**

PLEASE DO NOT ATTACH DEPOSIT SLIPS OR CANCELLED CHECKS.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BELOW FOR EMPLOYER USE ONLY**

START DATE OF DIRECT DEPOSIT: \_\_\_\_\_

TRANSIT/ABA NUMBER: \_\_\_\_\_ - \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_