

**CALAVERAS UNIFIED SCHOOL DISTRICT**

**MUST BE PRINTED ON YELLOW PAPER**

**DIRECT DEPOSIT AUTHORIZATION**

NEW \_\_\_\_\_ CHANGE \_\_\_\_\_ CANCEL \_\_\_\_\_

District of Payroll: CALAVERAS UNIFIED SCHOOL DISTRICT

Name: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone# \_\_\_\_\_

**Your paycheck stub will be available for pickup at the District Office on payday only, and then will be mailed to your home address.**

Bank Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type (checking, saving): \_\_\_\_\_

I hereby authorize the Calaveras Unified School District to set my monthly paycheck up for direct deposit. I understand that this is a two-month process. The first month is a pre-note month and the second month the deposit will actually take effect. I understand if at anytime I change my bank or account, I will need to notify the Calaveras Unified School District, Payroll Dept., immediately. If this is not done, it will result in my payroll deposit being returned to the County Office. Please read the other side before signing this form.

Pre-Note Date \_\_\_\_\_ First Deposit Date \_\_\_\_\_

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION PURPOSES**

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