



Ganado Unified School District #20

EMPLOYEE AUTHORIZATION FOR AUTOMATED DEPOSIT

Please complete the form below and return to the Payroll Office.

Check One: Start: Change: Stop/Cancel:

Employee Name: (please print) _____

Name of School/Department: _____

X X X - X X - _ _ _ _
Last (4) digits of SSN: _____

Please provide your account information where your payroll will be deposited.

<u>Bank Name:</u>	<p><i>If the account information to the left is not completed, use the following information. Please also attach a voided check for checking accounts and deposit slip for savings account:</i></p> <p style="text-align: center;">For Direct Deposit and Automatic Payment through Checking Use information found on your checks</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>SAMPLE CHECK 0101</p> <p>PAY TO THE ORDER OF _____ DATE _____ \$ _____</p> <p style="text-align: right;">DOLLARS</p> <p><small>WELLS FARGO</small></p> <p>MEMO _____</p> <p>⑆ 23456789⑆ ⑆ 23456789⑆ 0101</p> <p>Routing Number Account Number Check Number</p> <p><small>Note: You can also find your Account Number on your statement or on the account documents provided at account opening.</small></p> </div>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><u>Net Pay:</u></td> <td style="padding: 5px;"><u>Amount to deposit:</u></td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">\$ _____</td> </tr> </table>		<u>Net Pay:</u>	<u>Amount to deposit:</u>	\$ _____	\$ _____
<u>Net Pay:</u>		<u>Amount to deposit:</u>			
\$ _____		\$ _____			
<u>Routing Number (9 digits)</u>					
<u>Account Number (Max 13 digits)</u>					
<u>Type of Account (Check One):</u> Checking <input type="radio"/> Savings <input type="radio"/>					

- I. I hereby authorize Ganado Unified School District #20, to initiate credit entries. If necessary, debit entries and adjustments for any credit entries in error to my checking account or savings account listed above.
- II. I understand if the voided or cancelled check is not attached, the information provided below could be incorrect thus causing my payroll deposit to be delayed.
- III. I understand that my participation in this program will be terminated if wages are garnished. I understand the district has no responsibility for deposit delayed due to account closure or other negligence.

Employee Signature: _____

Date: _____

Employee Signature: (for Joint account holders) _____

Date: _____

Payroll Department Use Only:	
Bank Name: _____	
Prenote ON for PPE: _____	PP# _____
Prenote OFF for PPE: _____	PP# _____
_____	_____
Entered by:	Date: