Durham Unified School District
P.O. Box 300
Durham, CA 95938

Payroll Department:
Phone: (530) 895-4675 ext. 224
Fax: (530) 895-4692

DIRECT DEPOSIT AUTHORIZATION

_____ NEW REQUEST

_____ NAME CHANGE

_____ ACCOUNT CHANGE

EFFECTIVE DATE _____

ACCOUNT TYPE:
CHECKING _____
SAVINGS _____

I authorize Durham Unified School District and the financial institution listed to deposit my net pay automatically to the account(s) indicated below each payday and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error.

This authorization will remain in effect until I have cancelled it in writing.

I UNDERSTAND THAT THE FIRST PAYROLL CHECK AFTER THIS AUTHORIZATION OR CHANGE MAY BE DELIVERED IN THE NORMAL MANNER WHILE A TEST PAYROLL IS SENT TO MY FINANCIAL INSTITUTION.

_____
Financial Institution

_____
Address

_____
City State

_____
Date

_____
Name (PLEASE PRINT)

_____
Signature

_____
Co-Applicant's Name (if joint account)

_____
Co-Applicant's Signature

WE CANNOT PROCESS YOUR REQUEST UNLESS YOU ATTACH A VOIDED CHECK

TO BE COMPLETED BY PAYROLL DEPARTMENT:

	Type	Transit Routing #	Account #
1	C S	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _
2	C S	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _