

AUTHORIZATION FOR NEW DIRECT DEPOSIT

I HEREBY AUTHORIZE UNIFIED SCHOOL DISTRICT #409 TO INITIATE CREDIT ENTRIES TO ONE OF THE FOLLOWING:

() MY CHECKING ACCOUNT, ACCOUNT # _____

() MY SAVINGS ACCOUNT, ACCOUNT # _____

AND FOR THE FINANCIAL INSTITUTION NAMED BELOW TO CREDIT THE SAME TO SUCH ACCOUNT.

FINANCIAL INSTITUTION NAME _____

ROUTING NUMBER _____

IF ANY OF THE ABOVE INFORMATION CHANGES, I AM RESPONSIBLE FOR PROMPTLY NOTIFYING U.S.D. #409 OF SUCH CHANGES. I UNDERSTAND THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL THE PAYROLL COORDINATOR RECEIVES WRITTEN NOTIFICATION OF WITHDRAWAL FROM THIS PROGRAM.

SIGNATURE _____

S.S. # _____ DATE _____

****IMPORTANT****

PLEASE ATTACH A VOIDED CHECK (OR DEPOSIT SLIP FOR SAVINGS ACCOUNT ONLY). Your document will serve to validate bank transit routing number and account number.