



## Direct Deposit Authorization Form

Please Select

Enroll \_\_\_\_\_

Change \_\_\_\_\_

- Complete this form and return to Payroll
- Attach a voided check to this form
- Payroll Remittance Advice will be sent to your e-mail

Employee Name

Name of Banking Institution

Account Number

Transit Code/Routing Number

Type of Account (circle one)

Checking

Savings

Opt out of E-mail Notification

(please check and initial)

I hereby authorize my employer, Newark Unified School District to initiate credits (and/or corrections to the previous credits) to my checking/savings account at my banking institution. The institution is authorized to credit and/or correct the amounts to my account.

This authority is to remain in full force and effect until I revoke it in writing in such time and such manner as to afford employee or institution a reasonable opportunity to act on it, or upon termination of my employment with employer.

It is further agreed that if, as a result of not notifying payroll in writing, that I changed or cancelled my account that I may experience a delay of 5 to 10 days in receiving my payroll warrant.

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

**Special Notice for 10 Month Employees receiving 12 paychecks**

By selecting direct deposit, you agree to waive your rights to receive your July and August payroll warrants until the end of those respective months.