



# 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.**

<b><u>Bank Name:</u></b>	<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;"><b>For Direct Deposit and Automatic Payment through Checking</b> Use information found on your checks</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>SAMPLE CHECK</b> <span style="float: right;">0101</span></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><b>Routing Number      Account Number      Check Number</b></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;"><b><u>Net Pay:</u></b></td> <td style="padding: 5px;"><b><u>Amount to deposit:</u></b></td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">\$ _____</td> </tr> </table>		<b><u>Net Pay:</u></b>	<b><u>Amount to deposit:</u></b>	\$ _____	\$ _____
<b><u>Net Pay:</u></b>		<b><u>Amount to deposit:</u></b>			
\$ _____		\$ _____			
<b><u>Routing Number (9 digits)</u></b>					
<b><u>Account Number (Max 13 digits)</u></b>					
<b><u>Type of Account (Check One):</u></b> 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: