

# DIRECT DEPOSIT AUTHORIZATION

Cascade Union Elementary School District, 1645 West Mill St, Anderson, CA 96001  
Payroll Department 378-7000 ex 7106

Supplemental payroll and "demand/manual hand checks" are NOT eligible for direct deposit.

In most instances, authorization for EFT/Direct Deposit will be active after at least one full cycle. The first cycle will be a TEST payroll period. During this time you will receive your normal paycheck.

New or Add Account- Change Amount- Account Closure- Institutional Name or Account # Change-

**NOTE: If canceling direct deposit, do not close account prior to notifying payroll dept. Any misinformation or changes to my account (account closures) can cause up to a 15 day delay to recover and reissue your direct deposit amount.**

## DIRECT DEPOSIT AUTHORIZATION

Please provide one (1) form for each account number/type

PLEASE CHECK ONE:

DEPOSIT NET CHECK **OR**  DEPOSIT FLAT AMT OR PERCENTAGE of NET PAY: \_\_\_\_\_  
(ENTER DOLLAR AMOUNT OR %)

PLEASE CHECK ONE:

SAVINGS: ACCOUNT NO: \_\_\_\_\_ ROUTING NO \_\_\_\_\_

**Attach a deposit slip** or any form of bank documentation indicating account number and routing number.

CHECKING: ACCOUNT NO: \_\_\_\_\_ ROUTING NO \_\_\_\_\_

**Attach a voided check.**

Employee Name (Last, First, M) \_\_\_\_\_ SSN# (last 4) \_\_\_\_\_

Employee Addr/City/ST/Zip \_\_\_\_\_

Financial Institution Name/Branch/Telephone \_\_\_\_\_

I authorize the Cascade Union Elementary School District to initiate accounting transactions to deposit my net pay directly into the account indicated above and to correct any errors which may occur from these transactions. I also authorize the Financial Institution to post these transactions to the account. This authorization is to remain in force until Cascade Union Elementary School District receives written notice from me to **cancel or change** this authorization.

**Furthermore I understand:**

1. **Any misinformation or changes to my account (i.e. account closure) can cause up to a 15 day delay to recover and reissue my net pay.**
2. **I must submit a new authorization form if I change my account (name, institution, branch, type of account, cancel, etc).**
3. **Direct Deposit status may be temporarily suspended if wages are garnished.**
4. **At SCOE's discretion, this authorization may not apply to final wages due upon termination of my employment.**
5. **I will receive an electronic copy of my check stub via my SCOE e-mail account.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
EFFECTIVE DATE

## DIRECT DEPOSIT CANCELLATION

I hereby cancel the above authorization for Cascade Union Elementary School District to initiate direct deposits into my checking or savings account(s). Any cancellations received after the 10<sup>th</sup> will be processed the following payroll.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
EFFECTIVE DATE