

SALINAS UNION HIGH SCHOOL DISTRICT
Payroll Department
431 W. Alisal Street, Salinas, Ca. 93901
(831) 796-7024

Form must have the following information:

Identification information

- * Employee Name
- * Mailing address
- * Signature and date

Account Information

- * Name of financial Institution
- * Type of account (checking or savings)
- * Account number & routing number

Authorization Statements

- * Authorization to initiate automatic deposits and corrections to automatic deposits
- * Authorization to remain in effect until revoked or the employee leaves the District.

Additional Requirements

- * A voided check must be attached to this form to insure proper processing
- * If you change banks or accounts notify the Payroll Dept. as soon as possible
- * 2-month waiting process applies for each change.

I hereby authorize the Monterey County Office of Education to deposit my entire payroll warrant (and/or corrections to the previous credits) to the institution indicated below. The institution is authorized to credit and/or correct the amounts to my account.

Name of Financial Institution	Address of Financial Institution	
Type of Account/ circle one	Account Number	Routing Number *Important for Savings Acct.
Checking / Savings		

**** Note: The automatic Deposit authorization becomes effective with the 2nd payroll issued after the effective date to allow the bank account verification.**

The authority is to remain in full force and effect until I revoke it in writing. In such time (10 days) and such manner as to afford the Salinas Union High School District a reasonable opportunity to act on it, or upon termination of my employment from the District. Upon cancellation of your account NOTIFY the DISTRICT PAYROLL DEPT.

Employee Name	Social Security Number
Street Address	City, State, Zip Code
Authorized Signature	Date: