

Alpine County Unified School District / Alpine County Office of Education

Direct Deposit Sign-up / Authorization Form

- Complete this form with the name of your employer, your name, social security number, work address and phone, and the name and location of your financial institution.
- Indicate whether pay is to be deposited to a checking or savings account. If to your checking account, attach a check to the form. Print "VOID" across the front of the check. For savings, please obtain the correct transit routing and account number from your financial institution. Give the form (and voided check) to you Human Resources or payroll department. They will contact you if they have questions.

I hereby authorize my employer _____
to initiate deposits (or correcting entries to previous deposits) to my account.

Select one: _____ Checking account _____ Savings account

This authority is to remain in force until I revoke it by giving written notice to my employer or upon termination of my employment.

Your Signature

Date

Your Printed Name

Social Security Number

Your Work Address

Your Work Phone

Name of Your Bank, Savings and Loan, or Credit Union

Your Bank's City and State Location

OFFICE USE ONLY

Transit Routing Number (9)

Account Number