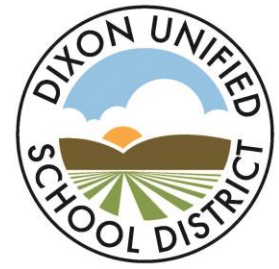


Direct Deposit is an option available to all District employees. We hope employees will consider this option but it is voluntary. Therefore this form is not required to be submitted with other payroll forms.

# DIXON UNIFIED SCHOOL DISTRICT

## BUSINESS SERVICES

180 S. First St. Suite #11, Dixon, CA 95620  
 Ph: 707 693-6300 Fax: 707 678-1322



### Direct Deposit – Authorization Agreement and Worksheet

\_\_\_\_ Begin Deposits      \_\_\_\_ Change Information      \_\_\_\_ Cancel Deposits

Employee Name \_\_\_\_\_ Last 4 digits of SS # \_\_\_\_\_

I authorize Dixon Unified School District to initiate credits (and/or corrections to previous credits) to the financial institution(s) and account(s) designated in the following manner below: **(Please attach a voided check or other document that verifies the account #'s listed on this form).**

**\* IF DIRECT DEPOSIT IS BEING SET UP TO HAVE 100% OF PAYCHECK DEPOSITED TO ONE ACCOUNT ONLY, PLEASE COMPLETE OPTION A. If more than one account is being used – please skip to option B.**

**\* Option A**

	<u>Financial Institution Name &amp; Routing #</u>	<u>Account #</u>	<u>Acct Type</u>	<u>Amount of Deposit</u>
Seq. #9	_____	_____	<u>Checking or Savings</u>	<u>100%</u>

**Option B**

<u>Seq. #</u>	<u>Financial Institution Name &amp; Routing #</u>	<u>Account #</u>	<u>Acct Type</u>	<u>% Amt or Flat Amt</u>	<u>Amount of Deposit</u>
1	_____	_____	<u>Checking or Savings</u>	_____% or <u>Flat</u>	_____
2	_____	_____	<u>Checking or Savings</u>	_____% or <u>Flat</u>	_____
3	_____	_____	<u>Checking or Savings</u>	_____% or <u>Flat</u>	_____

Upon completion, this form should be returned to the Business Services – Attn: Payroll. Unless otherwise noted, requested change(s) will take effect on the first available payroll cycle based on deadlines.

As a reminder....any deposits based on a % amount will be calculated on the **net amount** after any deductions for prior sequencing calculations have been taken.

This authorization will remain in effect until I give written notice to Dixon Unified School District either to change or terminate this authorization.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_