

**Soledad Unified School District  
1261 Metz Road, Soledad, CA 93960**

**Automatic Deposit Authorization Form**

**IDENTIFICATION INFORMATION**

**AUTHORIZATION STATEMENTS**

<ul style="list-style-type: none"> <li>• Employee name</li> <li>• Mailing address</li> <li>• Signature and date</li> <li>• Individual's social security number</li> </ul>	<ul style="list-style-type: none"> <li>• Authorization to initiate automatic deposits and corrections to automatic deposit</li> <li>• Authorization to remain in effect until revoked or employee leaves District</li> </ul>
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**ACCOUNT INFORMATION**

<ul style="list-style-type: none"> <li>• Name and branch of financial institution</li> <li>• Type of account (checking or savings)</li> <li>• Financial institution identification numbers</li> <li>• Account number</li> </ul>
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I hereby authorize the Soledad Unified School District to deposit my entire payroll warrant (and or correction to the previous credits) to the institution indicated below. The institution is authorized to credit and/or correct the amount to my account.

Name of Financial Institution (Bank)	Account No.	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Address	City, State, Zip Code	

**INSERT VOIDED CHECK HERE OR ATTACH A BANK PROVIDED DIRECT DEPOSIT FORM**

**NOTE: The automatic deposit authorization becomes effective with the 2<sup>nd</sup> payroll issued after the effective date to allow for 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 Office of Education in reasonable opportunity to act on it, or upon termination of my employment from the District. Upon cancellation, NOTIFY YOUR DISTRICT PAYROLL DEPARTMENT.

Name:	Employee ID Number
Address	City, State, Zip Code
Authorization Signature	Date