ALVORD UNIFIED SCHOOL DISTRICT PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

For payroll use:

	NEW	_ CHANGE	CANCE	L	
NAME:		E	MPLOYEE #		
I hereby request that my payroll warrants be electronically transferred to the following financial institution(s) as specified below.					
Amount S Financial Institution Bank Routing #: Checking	Total Net Pay pecified: on: Savings	F	Amount Spec	ified:	 _Savings
Amount S Financial Institution Bank Routing #: Checkin	Remaining Balance pecified: on: g Savings			ecified: _	 _ Savings
A voided check or a letter with bank letterhead and all routing and account information must be provided for each account listed above. If the aforementioned documents are not included your direct deposit form will not be processed.					
I shall hold harmless and indemnify the Alvord Unified School District, herein referred to as District, and its officers and employees from any claim or demand of whatever nature including those based upon negligence of the district and against the district in its capacity as an employer concerning the payroll warrant distribution provided by the district.					
I hereby authorize the district to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above. I also authorize the financial institution(s) identified above to credit and /or debit the same to such account.					
I understand that Electronic Fund Transfer takes effect in the current month as long as the form is received in payroll by the 15 th . The request completed above is for the distribution of my payroll warrant(s) from the effective date specified until rescinded in writing.					
I understand in the event of my account being closed, and my direct deposit being rejected, it will take up to 10 business days to receive a replacement warrant from Alvord.					

SIGNATURE_____

DATE