

Sonora Union High School District
100 School Street, Sonora CA 95370 || Phone (209) 533-0423 x14 || Fax (209) 532-4513

AUTOMATIC AGREEMENT FOR DIRECT DEPOSIT

NAME _____ ADDRESS _____

I hereby authorize the Tuolumne County Superintendent of Schools to initiate my monthly "net" paycheck for direct deposit. I understand that this is a two month process. The first month is a pre-note month and the second month the deposit will actually take effect. I understand if at anytime I change my bank, I will need to notify my school district immediately. If this is not done it will result in the delay of my paycheck.

I also hereby authorize **West America Bank** to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicted below at the depository name below, to credit and/or debit the same account.

PLEASE CHECK ONE: SAVINGS CHECKING

PLEASE ATTACH COPY OF CANCELED OR VOIDED CHECK (**NO** Deposit Slips)

SIGNATURE OF EMPLOYEE _____ DATE _____

SOCIAL SECURITY NUMBER _____

THIS IS A CHANGE FROM MY PREVIOUS REQUEST, PLEASE ATTACH NEW INFORMATION

I WISH TO TERMINATE MY DIRECT DEPOSIT, EFFECTIVE DATE _____

THIS FORM MUST BE RETURNED TO THE SONORA UNION HIGH SCHOOL DISTRICT OFFICE