

AUTOMATIC AGREEMENT FOR DIRECT DEPOSIT

NAME _____ PHONE _____

ADDRESS _____

I authorize the Tuolumne County Superintendent of Schools to initiate my monthly paycheck for direct deposit. I understand that this is a **TWO MONTH** process. The first month is a pre-note month and I will receive a regular paycheck. The second month the direct deposit will actually take effect and I will receive a direct deposit receipt in lieu of a regular paycheck.

I understand if at anytime I change my bank or account, I will need to notify my school district immediately. If this is not done it will result in the delay and/or termination of my paycheck continuing as a direct deposit.

I also authorize WestAmerica 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 at the depository name indicated below and to credit and/or debit the same account.

PLEASE CHECK ONE: SAVINGS CHECKING

Please attach 1 of the following:
COPY OF CANCELLED CHECK
VOIDED CHECK
BANK CONFIRMATION must include account and routing numbers

(Deposit slips are not acceptable)

SIGNATURE OF EMPLOYEE _____

SOCIAL SECURITY NUMBER _____

SCHOOL DISTRICT **SONORA UNION HIGH SCHOOL DISTRICT** DATE _____

This is a **change** from my previous request. Please attach new information.

I wish to **terminate** my direct deposit _____.
Date

THIS FORM MUST BE RETURNED TO THE EMPLOYING SCHOOL DISTRICT