

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

1. Please complete **Section 1** of the employee authorization for direct deposit.
2. Your financial institution completes **Section 2**. It is important that this information is accurate.
3. The direct deposit process takes two months.

If you change your account number, please complete a new employee authorization for direct deposit.

Section 1

Authorization for Direct Deposit

I, _____, do hereby authorize Galt Elementary School District
(Employee Name)

To electronically send my net pay check to _____.
(Name of Financial Institution)

This authorization is to remain in force until you have received written notification of its termination.

Signature _____

Date _____

Section 2

Type of Account:

Checking

Savings

Routing Transit Number:

(all boxes must be filled)

Account Number:

I wish to go paperless and review my pay history through Employee Self Service.