

St. Helena Unified School District
465 Main Street
St. Helena, CA 94574

Automatic Payroll Deposit Authorization

NAME: _____

Social Security Number: _____

Warrant Stub Distribution: Will Pick Up _____

Please mail to: _____

To sign up for automatic payroll deposit, please provide the following information. If you are having automatic deposit into your checking account please attach a blank voided check to this form. **If you are having automatic deposit into a savings account or an account with a CREDIT UNION, please have your Bank or CREDIT UNION furnish the following information:**

Name of Institution: _____

Address of Institution: _____

Phone Number & Contact Person: _____

Transit ABA #: _____

Sharedraft Account #: _____

Savings Account #: _____

I hereby authorize _____ to initiate deposits and/or corrections of my NET PAY to the financial institution indicated. The financial institution is authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until either I revoke it by giving ten days prior written notice to the employer designated above or upon termination of my employment with such employer.

Employee Signature

Date