

PARADISE VALLEY UNIFIED SCHOOL DISTRICT #069

DIRECT DEPOSIT AUTHORIZATION FORM

Please check the options that apply:

\_\_\_\_\_ D.S.F.C.U. Payroll Deduction only. \_\_\_\_\_ Deduction Amount

\_\_\_\_\_ Direct Deposit my entire net paycheck.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
School/Site or Department

\_\_\_\_\_  
Bank, Credit Union, or Savings & Loan Name

(Office Use Only) Payroll Bank Code \_\_\_\_\_

Circle one of the following:      START                  CHANGE                  STOP

Please enter your account number for either Checking or Savings, not both:

Checking Account # \_\_\_\_\_

Savings Account # \_\_\_\_\_

**YOU MUST ATTACH EITHER A BLANK VOIDED CHECK, OR AN AUTOPAY LETTER TO THIS FORM. (DEPOSIT SLIPS ARE NOT ACCEPTED.)**

- **YOUR DIRECT DEPOSIT ALWAYS TAKES TWO (2) PAYS TO GO INTO EFFECT. THIS IS TO ALLOW THE BANK TO CHECK THE ACCOUNT NUMBER FOR ACCURACY.**

**AUTHORIZATION/ACKNOWLEDGMENT**

I hereby authorize the Paradise Valley Unified School District #069 to initiate credit entries (deposits) to the account indicated above. I further authorize debit entries (withdrawals) for credit entries made in error and any other necessary adjustments. I acknowledge that I am responsible for 1.) Verifying the set-up and cancellation of the Direct Deposit against the account involved 2.) To immediately notify the Payroll Department of any discrepancies, and 3.) Supplying/maintaining current account information for the Direct Deposit.

I also understand that my participation in this program may be terminated if my wages are garnished or assigned.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date