



## Direct Deposit Authorization Form

Please Select: Enroll \_\_\_\_\_ Change \_\_\_\_\_

Complete this form and return to payroll.

**Attach a voided check or bank form to this form.**

**Employee Name:**

**Name of Banking Institution:**

**Routing Number:**

**Account Number:**

**Type of Account: Please check one**  
**Checking** \_\_\_ **Savings** \_\_\_

**Email Paystubs will default to Work Email if not listed.**  
**Email Address:**

I hereby authorize my employer, Newark Unified School District, to initiate deposits to my Checking/Savings account at my banking institution. The Institution is authorized to credit the amount to my account.

This authority is to remain in full force and effect until I revoke it in writing, in such time and manner as to afford employee or institution a reasonable opportunity to act on it, or upon termination of my employment with employer.

It is further agreed that if, as a result of not notifying payroll in writing, that I changed or cancelled my account, that I may experience a delay of 5 to 10 days in receiving my payroll warrant,

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

\_\_\_\_\_  
**Date**

**Special Instructions:**