

AUTHORIZATION FOR ENROLLMENT IN DIRECT DEPOSIT AND ELECTRONIC PAY ADVICES

The Alisal Union School District (“Employer”) authorizes its employees to elect to have their paychecks automatically deposited into their checking or savings accounts through direct deposit. If you wish to enroll, change your enrollment, or unenroll from direct deposit, please select the appropriate box below, fill in your financial information, and initial and sign this agreement.

- Initial Enrollment:** I wish to enroll in direct deposit. You must attach a voided check or a copy of a voided check to this form.
- Change/Correction:** I am enrolled in direct deposit and wish to change or correct my prior authorization. You must attach a voided check or a copy of a voided check to this form.
- Paperless Email Update:** I am enrolled in direct deposit and do not wish to change my prior authorization; I wish to update my personal email address for my paperless pay advice. You must initial the appropriate sections below.
- Unenrollment:** I wish to unenroll from direct deposit.

FINANCIAL INSTITUTION: _____	
ACCOUNT TYPE (CHOOSE ONE):	<input type="checkbox"/> CHECKING ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT
ROUTING #: _____	ACCOUNT #: _____

This Authorization shall become effective with the first payroll warrant issued after this form is submitted, and shall remain in effect until you provide Employer a copy of this form indicating that you wish to unenroll, and after a reasonable processing period, or upon termination of your employment.

By signing this Authorization, you agree that Employer may not be held responsible if your bank does not receive or post your payroll warrant to your account or if your payroll warrant is not credited to your bank account on payday. You further agree to hold harmless Employer for any claim, liability, loss, injury, or damages arising out of your enrollment in direct deposit, including, but not limited to, claims arising out of the unauthorized access of personal and/or financial information or out of identity theft. It is your responsibility to submit current and accurate information and to promptly notify Employer of any changes to the information on this form, such as a change in your financial institution, account number, or email address.

Employee Initials: _____

Paperless Pay Advices: Employer **requires** employees who elect to receive paychecks through direct deposit to receive paperless pay advices (commonly known as “pay stubs” or “wage statements”) at their **personal** email addresses through the Escape payroll system. Paperless pay advices will be delivered in a secured, password-protected portable document format (PDF) and are accessible by entering your **employee ID number**.

By signing below, I hereby consent to receiving my pay advices electronically by email. I understand and voluntarily assume the risks inherent in transmitting my personal and financial data electronically, and I acknowledge that I am solely responsible for the privacy of my email account and maintaining the confidentiality of my password and email account information.

Personal Email Address: _____ **Employee Initials:** _____

Direct Deposit Authorization: By signing below, I acknowledge that I have read and agree to the terms above. I hereby authorize LEA to deposit my entire payroll warrant (and/or corrections to previous credits) to the institution indicated above. I further authorize the institution to credit my payroll warrant to my account and to process corrections.

NAME: _____ **EMPLOYEE ID NUMBER:** _____

DATE: _____ **SIGNATURE:** _____

Completed forms must be submitted to Payroll by the 5th of the month, to take effect on the current end-of-month payroll. All other payroll cycles require up to 15 business days processing time.