

Alisal Union School District
Fiscal Services
Direct Deposit Authorization Form

Check One: ☐ Certificated ☐ Classified

Name: _____ Emp Id #: _____
(Please print)

Please select one of the following:

- ☐ **Enrollment/Change:** I wish to enroll in direct deposit or update by current authorization or email address.
☐ **Unenrollment:** I wish to unenroll from direct deposit.

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.

Paperless Pay Stub: Employer requires employees who elect to receive paychecks through direct deposit to receive paperless pay stub at their personal email address. Paperless pay stubs 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 stubs 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.

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

Financial Institution Name: _____

Routing Transit Number: _____ Account Number: _____

Type of Account: ☐ Checking ☐ Savings Distribution: ☐ 100% or \$_____

Employee Signature

Date

Please attach a voided check or bank printout for automatic deposit. Form is considered incomplete without attachment

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.

Revised 6/29/23