



Scott Kuykendall, Superintendent

1100 H Street • Modesto, CA 95354 • (209) 238-1700 • FAX (209) 238-4201

**AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT**

**INSTRUCTIONS:** Please complete the appropriate boxes and forward to your employing school district. If you should have any questions concerning this form, please contact your Personnel/ Payroll Department.

<b>EMPLOYEE NAME (PLEASE PRINT):</b>	<b>EMPLOYEE ID #:</b>	<b>EMPLOYING SCHOOL DISTRICT:</b>
		Stanislaus County Office of Education

<input type="checkbox"/>	Establishing a direct deposit	Effective Date:	
<input type="checkbox"/>	Changing an existing direct deposit	Effective Date:	
<input type="checkbox"/>	Discontinuance of an existing deposit	Effective Date:	

<b>Select One:</b>	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account
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NAME OF INSTITUTION				
ADDRESS	(STREET)	(CITY)	(STATE)	(ZIP)
PHONE # OF INSTITUTION				

**TRANSIT ROUTING NUMBERS**

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TRANSIT					ABA					

**ACCOUNTING NUMBER INFORMATION**

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**PLEASE ATTACH VOIDED CHECK HERE**

**AUTHORIZATION:** I HEREBY AUTHORIZE THE PAYROLL DEPARTMENT OF THE STANISLAUS COUNTY OFFICE OF EDUCATION TO DEPOSIT MY MONTHLY PAYROLL WARRANT TO THE ABOVE DESIGNATED FINANCIAL INSTITUTION UNTIL SUCH TIME AS THIS AUTHORIZATION IS VOIDED BY MYSELF.

**\*\*\* 1ST MONTH PRENOTE\*\*\*2ND MONTH LIVE \*\*\***

Date _____ Signed by _____
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<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> PRENOTED _____	
<input type="checkbox"/> ACTIVATED _____	