

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

Payroll Operations Department • 135 Van Ness Ave, San Francisco, CA 94102 • (415) 241-6114

**DIRECT DEPOSIT
AUTHORIZATION/CANCELLATION**

EMPLOYEE # _____ LAST NAME _____ FIRST NAME _____ MI _____ LAST 4 DIGITS SSN # _____

A U T H O R I Z A T I O N S

I authorize the financial institution(s) named below to electronically deposit my net pay from the San Francisco Unified School District (SFUSD) to the specified account(s) each pay day. I also authorize SFUSD to direct the(se) financial institution(s) to debit the account(s) to recover amounts erroneously deposited. My authorization is in effect until I either: 1) submit a new Direct Deposit Authorization/Cancellation form, or 2) submit a written cancellation/revocation request, or 3) separate my employment from SFUSD.

I do hereby cancel/revoke my authorization permitting the SFUSD payroll department to electronically deposit my net pay to the financial institution named below. I understand that once this revocation is processed, I will begin receiving paychecks.

Employee Signature _____ Date _____ Phone No. _____

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For checking or share draft accounts, staple a voided check to this form

<u>Financial Institution</u>	<u>Transit/ABA No.</u> ²	<u>Account No.</u> ³	<u>Amount</u> ⁴
<input type="checkbox"/> New/Change <input type="checkbox"/> Cancel/Revoke ¹	<input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> Savings ⁵	_____	_____
<input type="checkbox"/> New/Change <input type="checkbox"/> Cancel/Revoke ¹	<input type="checkbox"/> Checking/Share Draft <input type="checkbox"/> Savings ⁵	_____	_____

IMPORTANT INFORMATION

1. You must submit a written cancellation/revocation of authorization when closing your checking or savings accounts.
2. The transit/ABA number is used by your financial institution for transaction routing purposes. This number can be found at the bottom of your check.
3. Your financial institution issued the account number.
4. Amount - write in the dollar value (i.e. \$25.00) of your desired bi-weekly payroll deduction.
5. You must attach a statement from your financial institution for verification of your account code.

Send completed forms to Payroll Department, 135 Van Ness Ave., Room 324, San Francisco, CA 94102

BUSINESS OFFICE USE ONLY	
Bank Routing and Account Verified _____	Date Updated: _____
Change effective pay-period# _____	Processed By: _____