



PARADISE UNIFIED SCHOOL DISTRICT DIRECT DEPOSIT FORM

Please complete the form below with your signature and attach a voided check below or your Direct Deposit information from your financial institution.

Your Name: _____ Employee ID #: _____

Site or Department: _____ Cell Phone #: _____

New Change Addition (2nd account)

Account #1: Financial Institution name: _____

Checking or Savings _____
Account number

Bank Routing number: _____

I want to deposit: \$ _____ _____% or Entire pay check

Account #2: Financial Institution name: _____

Checking or Savings _____
Account number

Bank Routing number _____

I want to deposit: \$ _____ _____% or Remainder of net pay

I authorize the PUSD Payroll Department to deposit my pay into the account(s) listed above. This authorization will remain in effect unless the PUSD Payroll Department receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the PUSD Payroll Department.

Your signature

Date

This authorization must be received by the Payroll Department NO LATER than the 10th of the month to be effective for pay deposited at the end of that same month.

Please contact the Payroll Department Technician below with any questions.

Certificated Payroll: Heidi Lange hlange@pusdk12.org 872-6400, ext. 224

Classified Payroll: Dana Thompson dthompson@pusdk12.org 872-6400, ext. 234

*****ATTACH A VOIDED CHECK OR FINANCIAL INSTITUTION DIRECT DEPOSIT INFORMATION*****