

SALINAS UNION HIGH SCHOOL DISTRICT

AUTHORIZATION FOR ENROLLMENT IN DIRECT DEPOSIT AND ELECTRONIC PAY ADVICES

The Salinas Union High 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.

- Pay Advice:** I am enrolled in direct deposit and do not wish to change my prior authorization; I wish to acknowledge or update my participation in paperless pay advice. You must provide an email address below.
- 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.
- 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.

Paperless Pay Advices: Employer encourages 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).

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.

Employee Email Address: _____

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.

EMPLOYEE NAME: _____ **EMPLOYEE SSN:** _____

SIGNATURE: _____ **DATE:** _____

Return the form to:
Payroll Department
Email address: payrolldepartment@salinasuhsd.org
Phone number: (831) 796-7000 extensions 1012, 1013, and 1073